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ABSTRACT

The booklet was compiled to facilitate communication and understanding among personnel in a multidisciplinary approach to child abuse and neglect. It is reported that the explanation of approximately 400 terms relevant to child abuse and neglect may be useful to attorneys, day care staff, family life educators, health care administrators, homemaker personnel, judges, law enforcement personnel, legislators, nurses, parent aides, physicians, psychologists, teachers, students, and social workers, among others. Terms are arranged alphabetically and are followed by a brief explanation. Acronyms are noted when appropriate. (CL)

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Interdisciplinary Glossary on Child Abuse and Neglect:

Legal, Medical, Social Work Terms

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
National Center on Child Abuse and Neglect

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was prepared by:

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Foreword

The National Center on Child Abuse and Neglect was created by the Child Abuse Prevention and Treatment Act (PL 93-247) in 1974 to provide the first sustained focus for federal efforts to improve the plight of abuse and neglected children and their families. The National Center is located in Washington, D.C., and is an organizational part of the U.S. Children's Bureau within the Department of Health, Education and Welfare's Administration for Children, Youth and Families of the Office of Human Development Services.

Central to the National Center's efforts is a commitment to non-punitive, interdisciplinary and community-wide approaches. However, one of the major constraints to this approach is that professionals often have difficulty communicating across professional boundaries. What may be understandable within one profession because it is standard professional terminology may not be understood by persons in other professions working on the same case or program. To facilitate communication and understanding within and across disciplines, the Midwest Parent-Child Welfare Resource Center at the University of Wisconsin-Milwaukee compiled this Interdisciplinary Glossary. It presents, in a concise and easily accessible format, legal, medical, and social work terms relevant to child abuse and neglect prevention and treatment programs, and provides explanations which will facilitate cross-disciplinary understanding. As such, we hope it will prove helpful to: attorneys, day care personnel, family life educators, health care administrators, homemaker personnel, judges, law enforcement personnel, legislators, nurses, parent aides, physicians, psychologists, social planners, social workers, school administrators, teachers, students, volunteer child and family advocates, and concerned citizens in all parts of the country.

The National Center is pleased to make this Glossary available

Director
National Center on Child
Abuse and Neglect
Children's Bureau

Preface

A glossary, according to Webster, is an explanation of foreign or technical terms. This Glossary explains: 1) terms which are unique to child abuse and neglect, and 2) terms used with respect to child abuse and neglect but which also have wider application. In the former instance, the Glossary provides exhaustive explanations and commentary on significant issues. In the latter instance, the Glossary provides explanations which may be generic or which may, because of space limitations, be only that explanation which is relevant to child abuse and neglect. In most cases, the distinction is self-evident, but users of this Glossary should understand that the Glossary is definitive only with respect to child abuse and neglect.

Providing explanations in an area where many definitions have not been finalized or are subject to disciplinary interpretation is risky. The Midwest Parent-Child Welfare Resource Center has assumed this burden in the belief that while the explanations provided here may not be perfect, they can nevertheless be useful to practitioners. The goal was utility rather than perfection. The explanations do represent experts' consensus and conformance with the Standards of the National Center on Child Abuse and Neglect.

Frequency of use in practice or in professional literature guided the selection of terms for inclusion, except that commonly used terms which are either self-explanatory or satisfactorily defined in a standard dictionary were omitted. On the other hand, terms which are commonly understood in the English language, but which have specific implications in the area of child abuse and neglect, were included.

Where terms have different meanings in different professions, all of the explanations are provided with the applicable profession identified.

Acronyms (abbreviations) used commonly in professional practice appear in the body of the Glossary after terms to which they refer. However, an alphabetical list of these acronyms and their referrents is provided at the end of the Glossary.

Many of the explanations of legal and medical terms were compiled from glossaries developed by Urban Rural Systems Associates (URSA) under grants and contracts with the National Center on Child Abuse and Neglect. Explanations of medical terms were also compiled from glossaries developed by the National Institute of Mental Health. However, the Midwest Parent-Child Welfare Resource Center has added the specific implications for child abuse and neglect to many of the medical definitions.

All of the social work terms and explanations were compiled by the Midwest Parent-Child Welfare Resource Center.

Associate Professor and Director
Region V Child Abuse and Neglect Resource Center
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MIDWEST PARENT-CHILD WELFARE RESOURCE CENTER ADVISORY COMMITTEE

The Midwest Parent-Child Welfare Resource Center Advisory Committee encouraged this project and committee members reviewed various drafts. Staff gratefully acknowledges this participation and at the same time absolves Advisory Committee members from responsibility for any shortcomings of this work.

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Terms and Explanations

ABANDONMENT
Act of a parent or caretaker leaving a child without adequate supervision or provision for his/her needs for an excessive period of time. State laws vary in defining adequacy of supervision and the length of time a child may be left alone or in the care of another before abandonment is determined. The age of the child also is an important factor. In legal terminology, "abandonment cases" are suits calling for the termination of parental rights.

ABDOMINAL DISTENTION
Swelling of the stomach area. The distention may be caused by internal injury or obstruction or by malnutrition.

ABRASION
Wound in which an area of the body surface is scraped of skin or mucous membrane.

ABUSE (See CHILD ABUSE AND NEGLECT)

ABUSED CHILD (See INDICATORS OF CHILD ABUSE AND NEGLECT)

ABUSED PARENT
Parent who has been abused as a child and who therefore may be more likely to abuse his/her own child.

ABUSER, PASSIVE (See PASSIVE ABUSER)

ACADEMY OF CERTIFIED SOCIAL WORKERS (ACSW)
Professional category identifying experienced social workers. Eligibility is determined by written examination following two years' full-time or 3,000 hours part-time paid post-Master's degree experience and continuous National Association of Social Workers (NASW) membership.

ACTING OUT
1) Behavior of an abusive parent who may be unconsciously and indirectly expressing anger toward his/her own parents or other significant person.
2) Aggressive or sexual behavior explained by some psychoanalytic theorists as carrying out fantasies or expressing unconscious feelings and conflicts.
3) Children's play or play therapy activities used as a means of expressing hitherto repressed feelings.

ACUTE CARE CAPACITY
Capacity of a community to respond quickly and responsibly to a report of a child abuse or neglect. It involves receiving the report and providing a diagnostic assessment including both a medical assessment and an evaluation of family dynamics. It also involves rapid intervention, including immediate protection of the child when needed and referral for long term care or service to the child and his/her family.

ADJUDICATION HEARING
Court hearing in which it is decided whether or not charges against a parent or caretaker are substantiated by admissible evidence. Also known as jurisdictional or evidentiary hearing.

ADMISSIBLE EVIDENCE
Evidence which may be legally and properly used in court. (See also EVIDENCE, EVIDENTIARY STANDARDS, EXPERT TESTIMONY)

ADVOCACY
Interventive strategy in which a helping person assumes an active role in assisting or supporting a specific child and /or family or a cause on behalf of children and/or families. This could involve finding and facilitating services for specific cases or developing new services or promoting program coordination. The advocate uses his/her power to meet client needs or to promote causes.

AFFIDAVIT
Written statement signed in the presence of a Notary Public who "swears in" the signer. The contents of the affidavit are stated under penalty of perjury. Affidavits are frequently used in the initiation of juvenile court cases and are, at times, presented to the court as evidence.

AGAINST MEDICAL ADVICE (AMA)
Going against the orders of a physician. In cases of child abuse or neglect, this usually means the removal of a child from a hospital without the physician's consent.

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) (See SOCIAL SECURITY ACT)

ALLEGATION
An assertion, declaration, or statement of a party to a legal action, which sets out what he or she expects to prove. In a child abuse or neglect case, the allegation forms the basis of the petition or accusation containing charges of specific acts of maltreatment which the petitioner hopes to prove at the trial.

ALOPECIA
Absence of hair from skin areas where it normally appears; baldness.

AMERICAN ACADEMY OF PEDIATRICS (AAP)
P.O. Box 1034
Evanston, Illinois 60204
AAP is the pan-American association of physicians certified in the care of infants, children, and adolescents. It was founded in 1930 for the primary purpose of ensuring "the attainment of all children of the Americas of their full potential for physical, emotional, and social health." Services and activities of AAP include standards-setting for pediatric residencies, scholarships, continuing education, standards-setting for child health care, community health services, consultation, publications, and research.

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION (AHA)
5351 S. Roslyn St.
Englewood, Colorado 80110
National association of individuals and agencies working to prevent neglect, abuse, and exploitation of children. Its objectives are to inform the public of the problem, to promote understanding of its causes, to advise on the identification and protection of abused and neglected children, and to assist in organizing new and improving existing child protection programs and services. Some of the programs and services of CDAHA include research, consultation and surveys, legislative guidance, staff development training and workshops, and publications. AHA includes an Animal Division in addition to the Children's Division.

AMERICAN PUBLIC WELFARE ASSOCIATION (APWA)
1125 Fifteenth St. N.W. Suite 300
Washington, D.C. 20005
APWA was founded in 1930 and has, from its inception, been a voluntary membership organization composed of individuals and agencies interested in issues of public welfare. National in scope, its dual purpose is to: 1) exert a positive influence on the shaping of national social policy, and 2) promote professional development of persons working in the area of public welfare. APWA sponsors an extensive program of policy analysis and research, testimony and consultation, publications, conferences, and workshops. It works for policies which are more equitable, less complex, and easier to administer in order that public welfare personnel can respond efficiently and effectively to the needs of persons they serve.

ANNUAL REVIEW OF DEPENDENCY CASES
Annual or other periodic reviews of dependency cases to determine whether continued child placement or court supervision of a child is necessary. Increasingly required by state law, such reviews by the court also provide some judicial supervision of probation or casework services.

ANOMIE
A state of anomie is characterized by attitudes of aimlessness, futility, and lack of motivation and results from the breakdown or failure of standards, rules, norms, and values that ordinarily bind people together in some socially organized way.

ANOREXIA
Lack or loss of appetite for food.

APATHY-FUTILITY SYNDROM
Immature personality type often associated with child neglect and characterized by an inability to feel and to find any significant meaning in life. This syndrome, often arising from early deprivations in childhood, is frequently perpetuated from generation to generation within a family system. (Polansky)

APPEAL
Resort to a higher court in an attempt to have a decision or ruling of the lower court corrected or reversed because of some claimed error or injustice. Appeals follow several different formats. Occasionally, appeals will result in a rehearing of the entire case. Usually, however, appeals are limited to consideration of questions of whether the lower court judge correctly applied the law to the facts of the case.

ASSESSMENT
1) Determination of the validity of a reported case of suspected child abuse or neglect through investigatory interviews with persons involved. This could include interviews with the family, the child, school, and neighbors, as well as with other professionals and paraprofessionals having direct contact with the child or family.
2) Determination of the treatment potential and treatment plan for confirmed cases.

ASSAULT
Intentional or reckless threat of physical injury to a person. Aggravated assault is committed with the intention of carrying out the threat or other crimes. Simple assault is committed without the intention of carrying out the threat or if the attempt at injury is not completed. (See also BATTERY, SEXUAL ASSAULT)

ATROPHY
Wasting away of flesh, tissue, cell, or organ.

AVITAMINOSIS
Condition due to complete lack of one or more essential vitamins. (See also HYPOVITAMINOSIS)

BATTERED CHILD SYNDROME
Term introduced in 1962 by C. Henry Kempe, M.D., in the *Journal of the American Medical Association* in an article describing a combination of physical and other signs indicating that a child's internal and/or external injuries result from acts committed by a parent or caretaker. In some states, the battered child syndrome has been judicially recognized as an accepted medical diagnosis. Frequently this term is misused or misunderstood as the only type of child abuse and neglect. (See also CHILD ABUSE AND NEGLECT)

BATTERED WOMEN
Women who are victims of non-accidental physical and/or psychological injury inflected by a spouse or mate. There seems to be a relationship between child abuse and battered women, with both often occurring in the same family. (See also SPOUSE ABUSE)

BATTERY
Offensive contact or physical violence with a person without his/her consent, and which may or may not be preceded by a threat of assault. Because a minor cannot legally give consent, any such contact or violence against a child is considered battery. The action may be aggravated, meaning intentional, or it may be simple, meaning that the action was not intentional or did not cause severe harm. Assault is occasionally used to mean attempted battery. (See also ASSAULT)

BEST INTERESTS OF THE CHILD
Standard for deciding among alternative plans for abused or neglected children. This is also known as the least detrimental alternative principle. Usually it is assumed that it is in the child's best interest and least detrimental if the child remains in the home, provided that the parents can respond to treatment. However, the parents' potential for treatment may be difficult to assess and it may not be known whether the necessary resources are available. A few authorities believe that except where the child's life is in danger, it is always in the child's best interest to remain in the home. This view reflects the position that in evaluating the least detrimental alternative and the child's best interest, the child's psychological as well as physical well-being must be considered. In developing a plan, the best interest of the child may not be served because of parents' legal rights or because agency policy and practice focuses on foster care. The best interest of the child and least detrimental alternative principles were articulated as a reaction to the overuse of child placement in cases of abuse and neglect. Whereas "best interest of the child" suggests that some placement may be justified, "least detrimental alternative" is stronger in suggesting that any placement or alternative can have some negative consequences and should be monitored.

BEYOND A REASONABLE DOUBT (See EVIDENTIARY STANDARDS)

BONDING
The psychological attachment of mother to child which develops during and immediately following childbirth. Bonding, which appears to be crucial to the development of a health parent/child relationship, may be studied during and immediately following delivery to help identify potential families-at-risk. Bonding is normally a natural occurrence but it may be disrupted by separation of mother and baby or by situational or psychological factors causing the mother to reject the baby at birth.

BRUISE (See INTRADERMAL HEMORRHAGE)

BURDEN OF PROOF
The duty, usually falling on the state as petitioner in a

child maltreatment case, of producing evidence at a trial so as to establish the truth of the allegations against the parent. At the commencement of a trial, it is always up to the petitioner to first present evidence which proves their case. (See also EVIDENCE, EVIDENTIARY STANDARDS)

BURN
Wound resulting from the application of too much heat. Burns are classified by the degree of damage caused.
1st degree: Scorching or painful redness of the skin.
2nd degree: Formation of blisters.
3rd degree: Destruction of outer layers of the skin.

BURN OUT (See staff burn out.)

CALCIFICATION
Formation of bone. The amount of calcium deposited can indicate via X-ray the degree of healing of a broken bone or the location of previous fractures which have healed prior to the X-ray.

CALLUS
New bone formed during the healing process of a fracture.

CALVARIUM
Dome-like portion of the skull.

CARETAKER
A person responsible for a child's health or welfare, including the child's parent, guardian, or other person within the child's own home; or a person responsible for a child's health or welfare in a relative's home, foster care home, or residential institution. A caretaker is responsible for meeting a child's basic physical and psychological needs and for providing protection and supervision.

CARTILAGE
The hard connective tissue that is not bone but, in the unborn and growing child, may be the forerunner of bone before calcium is deposited in it.

CASE MANAGEMENT
Coordination of the multiplicity of services required by a child abuse and neglect client. Some of these services may be purchased from an agency other than the mandated agency. In general, the role of the case manager is not the provision of direct services but the monitoring of those services to assure that they are relevant to the client, delivered in a useful way, and appropriately used by the client. To do this, a case manager assumes the following responsibilities.
1) Ascertains that all mandated reports have been properly filed.
2) Informs all professionals involved with the family that reports of suspected child abuse or neglect have been made.
3) Keeps all involved workers apprised of new information.
4) Calls and chairs the intial case conference for assessment, disposition, and treatment plans; conference may include parents, physician, probation worker, police, public health nurse, private therapist, parent aide, protective service and welfare workers, or others.
5) Coordinates interagency follow-up.
6) Calls further case conferences as needed.
(See also PURCHASE OF SERVICE)

CASEWORK
A method of social work intervention which helps an individual or family improve their functioning in society by changing both internal attitudes and feelings and external circumstances directly affecting the individual or family. This contrasts with community organization and other methods of social work intervention which focuses on changing institutions or society. Social casework relies on a relationship between the worker and client as the primary tool for effecting change.

CATEGORICAL AID
Government financial assistance given to individuals who are aged or disabled or to families with dependent children. The eligibility requirements and financial assistance vary for different categories of persons, according to the guidelines of the Social Security Act. (See also SOCIAL SECURITY ACT)

CENTRAL REGISTER
Records of child abuse reports collected centrally from various agencies under state law or voluntary agreement. Agencies receiving reports of suspected abuse check with the central register to determine whether prior reports have been received by other agencies concerning the same child or parents. The purposes of central registers may be to alert authorities to families with a prior history of abuse, to assist agencies in planning for abusive families, and to provide data for statistical analysis of child abuse. Due to variance in state laws for reporting child abuse and neglect, there are diverse methods of compiling these records and of access to them. Although access to register records is usually restricted, critics warn of confidentiality problems and the importance of expunging unverified reports. (See also EXPUNGEMENT)

CHILD
A person, also known as minor, from birth to legal age of maturity for whom a parent and/or caretaker, foster parent, public or private home, institution, or agency is legally responsible. The 1974 Child Abuse Prevention and

Treatment Act defines a child as a person under 18. In some states, a person of any age with a developmental disability is defined as a child.

CHILD ABUSE (See CHILD ABUSE AND NEGLECT)

CHILD ABUSE AND NEGLECT (CAN)
All-inclusive term, as defined in the Child Abuse Prevention and Treatment Act, for "the physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare. There is agreement that some parental care and supervision is essential, there is disagreement as to how much is necessary for a minimally acceptable environment.

Child Abuse refers specifically to an act of commission by a parent or caretaker which is not accidental and harms or threatens to harm a child's physical or mental health or welfare. All 50 States have a child abuse reporting law with varying definitions of child abuse and varying provisions as to who must and may report, penalties for not reporting, and required agency action following the report. Factors such as the age of the child and the severity of injury are important in determining abuse.

Physical Abuse
Child abuse which results in physical injury, including fractures, burns, bruises, welts, cuts, and/or internal injuries. Physical abuse often occurs in the name of discipline or punishment, and ranges from a slap of the hand to use of objects such as straps, belts, kitchen utensils, pipes, etc. (See also BATTERED CHILD SYNDROME)

Psychological/Emotional Abuse
Child abuse which results in impaired psychological growth and development. Frequently occurs as verbal abuse or excessive demands on a child's performance and results in a negative self-image on the part of the child and disturbed child behavior. May occur with or without physical abuse.

Sexual Abuse
Child abuse which results in any act of a sexual nature upon or with a child. Most states define any sexual involvement of a parent or caretaker with a child as a sexual act and therefore abuse. The most common form is incest between fathers and daughters.

Verbal Abuse
A particular form of psychological/emotional abuse characterized by constant verbal harassment and denigration of a child. Many persons abused as children report feeling more permanently damaged by verbal abuse than by isolated or repeated experiences of physical abuse.

Child Neglect refers to an act of omission, specifically the failure of a parent or other person legally responsible for a child's welfare to provide for the child's basic needs and proper level of care with respect to food, clothing, shelter, hygiene, medical attention, or supervision. Most states have neglect and/or dependency statutes; however, not all states require the reporting of neglect. While there is agreement that some parental care and supervision is essential, there is disagreement as to how much is necessary for a minimally acceptable environment. Severe neglect sometimes occurs because a parent is apathetic, impulse-ridden, mentally retarded, depressed, or psychotic.

Educational Neglect
Failure to provide for a child's cognitive development. This may include failure to conform to state legal requirements regarding school attendance.

Medical Neglect
Failure to seek medical or dental treatment for a health problem or condition which, if untreated, could become severe enough to represent a danger to the child. Except among religious sects prohibiting medical treatment, medical neglect is usually only one part of a larger family problem.

Moral Neglect
Failure to give a child adequate guidance in developing positive social values, such as parents who allow or teach their children to steal.

Physical Neglect
Failure to provide for a child's basic survival needs, such as food, clothing, shelter, and supervision, to the extent that the failure represents a hazard to the child's health or safety. Determining neglect for lack of supervision depends upon the child's age and competence, the amount of unsupervised time, the time of day when the child is unsupervised, and the degree of parental planning for the unsupervised period. For a particular kind of physical neglect involving failure to feed a baby or small child sufficiently, see FAILURE TO THRIVE SYNDROME.

Psychological/Emotional Neglect
Failure to provide the psychological nurturance necessary for a child's psychological growth and development. It is usually very difficult to prove the

cause and effect relationship between the parent's unresponsiveness and lack of nurturance and the child's symptoms, and many states do not include psychological or emotional neglect in their reporting laws.

CHILD ABUSE PREVENTION AND TREATMENT ACT (PUBLIC LAW 93-247)
Act introduced and promoted in Congress by then U.S. Senator Walter Mondale and signed into law on January 31, 1974. The act established the National Center on Child Abuse and Neglect in the HEW Children's Bureau and authorized annual appropriations of between $15 million and $25 million through Fiscal Year 1977, but it is anticipated that Congress will extend the act for several years. Actual appropriations have been less than authorized. The purpose of the National Center is to conduct and compile research, provide an information clearinghouse, compile and publish training materials, provide technical assistance, investigate national incidence, and fund demonstration projects related to prevention, identification, and treatment of child abuse and neglect. In the 1974 act, not more than 20% of the appropriated funds may be used for direct assistance to states, which must be in compliance with specific legislative requirements including, among others, reporting and investigation of suspected neglect as well as abuse, provision of multidisciplinary programs, and appointment of a *guardian ad litem* to represent the child in all judicial proceedings. The act emphasizes multidisciplinary approaches. It also provides for funding for parent self-help projects.

Many persons do not understand that this act is primarily to support research and demonstration projects. Much larger amounts of funding for the ongoing provisions of child abuse and neglect services are provided to states through Title IV-B and Title XX of the Social Security Act.

CHILD DEVELOPMENT
Pattern of sequential stages of interrelated physical, psychological, and social development in the process of maturation from infancy and total dependence to adulthood and relative independence. Parents need to understand the level of maturity consistent with each stage of development and should not expect a child to display a level of maturity of which the child is incapable at a particular stage. Abusive or neglectful parents frequently impair a child's healthy growth and development because they do not understand child development or are otherwise unable to meet the child's physical, social, and psychological needs at a given stage or stages of development.

CHILD HEALTH VISITOR
Professional or paraprofessional who visits a home shortly after the birth of a baby and periodically thereafter to identify current and potential child health and development and family stress problems and to facilitate use of needed community services. While currently operating in many European countries, child health visitor programs are rare in the U.S. because they are perceived as contrary to the right to privacy and parental rights. A universal mandatory child health visitor program has, however, been recommended by several authorities as the most effective way to assure children's rights and prevent child abuse and neglect. Also known as Home Health Visitor.

CHILD IN NEED OF SUPERVISION
Juvenile who has committed a delinquent act and has been found by a children's court judge to require further court supervision, such as 1) probation, or 2) the transfer of custody of the child to a relative or public or private welfare agency for a period of time, usually not to exceed one year. Also known as Person in Need of Supervision (PINS) or Minor in Need of Supervision (MINS).

CHILD NEGLECT (See CHILD ABUSE AND NEGLECT)

CHILD PORNOGRAPHY
The obscene or pornographic photography, filming, or depiction of children for commercial purposes. Recent campaigns have begun to increase public awareness of this problem. Also as a result of public pressure against these materials, the federal government and some states are currently implementing special legislation to outlaw the sale and interstate transportation of pornographic materials that portray children engaged in explicit sexual acts.

CHILD PROSTITUTION
Legislation prohibiting the use of children as prostitutes is currently being implemented by the federal government and many states. The use of or participation by children in sexual acts with adults for reward or financial gain when no force is present.

CHILD PROTECTIVE SERVICES or CHILD PROTECTION SERVICES (CPS)
A specialized child welfare service, usually part of a county department of public welfare, legally responsible in most states for investigating suspected cases of child abuse and neglect and intervening in confirmed cases. Qualifications of CPS workers vary, with some counties employing CPS workers without prior human services training and others requiring at least a Bachelor's degree in social work. With over 3,000 counties in the U.S., there are many kinds of CPS

programs of varying quality. Common to most is the problem of insufficient staff overburdened with excessive caseloads. This plus the pressure of CPS work creates stress for many CPS staff. (See also STAFF BURNOUT, STAFF FLIGHT, and STAFF SATISFACTION)

CHILD WELFARE AGENCY
A public or voluntary agency providing service to children in their own homes and/or in day care, and which may be licensed to place children in foster homes, group homes, or institutions or into permanent adoptive homes. The number of children served annually by child welfare agencies in the U.S. is estimated to be over one million, the majority being served by public agencies. Payments for foster care represent well over half the total of child welfare agencies' expenditures.

Child welfare agencies which meet certain standards, including Standards for Protective Services, are accredited by the Child Welfare League of America. It is estimated that the majority of social workers employed by these accredited agencies hold a Master's degree. In public child welfare agencies, Master's degree social workers are a minority, with specific educational requirements varying from state to state. However, unlike many other fields of social work which share responsibility with other professions, child welfare is a domain for which social work has been accorded major responsibility. Believing that child protection is a public child welfare agency responsibility, few private agencies provide it.

CHILD WELFARE LEAGUE OF AMERICA (CWLA)
67 Irving Place
New York, N.Y. 10003
Founded in 1920, the Child Welfare League of America is a privately supported, non-sectarian organization which is dedicated to the improvement of care and services for deprived, neglected, and dependent children and their families. Its program is directed toward helping agencies and communities in the U.S. and Canada to provide essential social services to promote the well-being of children. CWLA is an advocate for children and families, a clearinghouse and forum for knowledge and experience of persons in the field, and a coordinating facility through which all concerned with child welfare can share their efforts. Programs of the League and its membership of over 300 affiliated public and private agencies include: accreditation of agencies, adoption services, conferences, consultation, training, library/information services, publications, personnel services, public affairs and legislative programs, standards development, and surveys.

CHILD WELFARE RESOURCE INFORMATION EXCHANGE
A project of the Children's Bureau of the Administration for Children, Youth and Families, HEW. It is a source for materials on exemplary programs, curricula, technologies, and methods which ahve brought more effective and efficient services to children. Its purpose is to improve the delivery of child welfare services by identifying successful programs, methods, research, and materials, and by assisting agencies in adapting them for their own use. The Exchange disseminates information it has gathered through abstracts, a bimonthly bulletin, regional workshops, and colloquia.

CHILDHOOD LEVEL OF LIVING SCALE (CLL)
Instrument used to measure the level of physical and emotional/cognitive care a child is receiving in his/her home. Rated are adequacy of food, clothing, furniture, etc., as well as evidence of affection, type of discipline, and cultural stimulation. The scale is designed to be used as a guide to assessing nurturance levels rather than as objective evidence of neglect.

CHILDREN-AT-RISK
May refer to the possibility that children in the custody of a state or county will get lost in a series of placements or for other reasons not be returned to their natural homes when these homes are no longer threatening to the children's welfare. May also refer to children in potentially abusive institutions, but usually refer to children in families-at-risk. (See also FAMILIES-AT-RISK)

CHILDREN'S DEFENSE FUND (CDF)
1520 New Hampshire Ave., N.W.
Washington, D.C. 20036
A non-profit organization founded in 1973. Staff includes researchers, lawyers, and others dedicated to long-range and systematic advocacy on behalf of children. CDF works at federal, state, and local levels to reform policies and practices which harmfully affect large numbers of children. Activities include investigation and public information, litigation, monitoring of federal agencies, and technical assistance to local organizations. Program priorities are to assure the rights of children to proper education, adequate health care, comprehensive child care and family support services, fair and humane treatment in the juvenile justice system, and the avoidance of institutionalization.

CHILDREN'S RIGHTS
Rights of children as individuals to the protections provided in the Constitution as well as to the care and protection necessary for normal growth and development.

Children's rights are actually exercised through adult representatives and advocates. The extent to which children's rights are protected varies according to the individual state laws providing for the identification and treatment of child abuse and neglect. An unresolved issue is the conflict between children's rights and parents' rights or rights to privacy. (See also PARENTS' RIGHTS)

CHIP FRACTURE (See FRACTURE)

CIRCUMSTANTIAL EVIDENCE (See EVIDENCE)

CIVIL PROCEEDING
Any lawsuit other than criminal prosecutions. Juvenile and family court cases are civil proceedings. Also called a civil action.

CLEAR AND CONVINCING EVIDENCE (See EVIDENTIARY STANDARDS)

CLOTTING FACTOR
Material in the blood that causes it to coagulate. Deficiencies in clotting factors can cause profuse internal or external bleeding and/or bruising, as in the disease hemophilia. Bruises or bleeding caused by such a disease may be mistaken as resulting from abuse.

COLON
The large intestine.

COMMINUTED FRACTURE (See FRACTURE)

COMMISSION, ACTS OF
Overt acts by a parent or caretaker toward a child resulting in physical or mental injury, including but not limited to beatings, excessive disciplining, or exploitation. (See also CHILD ABUSE AND NEGLECT)

COMMISSIONER (See HEARING OFFICER)

COMMUNITY AWARENESS
A community's level of understanding of child abuse and neglect. Ideally, this should include knowledge about the extent and nature of the problem and how to use the local resources. In reality, community awareness tends to focus on reporting rather than treatment and prevention.

COMMUNITY COUNCIL FOR CHILD ABUSE AND NEGLECT
Community group, including both professionals and citizens, which attempts to develop and coordinate resources and/or legislation for the prevention, identification, and treatment of child abuse and neglect. It is often the name given to the program coordination component of the community team (see COMMUNITY TEAM).

COMMUNITY EDUCATION
Developed for public audiences, this type of local level education provides understanding about a problem or issue of community and/or societal relevance, and information about appropriate community resources and services available to deal with the problem or issue. Sponsored by a professional agency or citizens' group, community education is usually provided through an ongoing speaker's bureau, through periodic lecture and discussion meetings open to the general public or offered to special groups, and/or through the local media and other publicity devices.

With reference to child abuse and neglect, it is important to combine community education with public awareness. Generally, public awareness is geared only to reporting child abuse and neglect, and may communicate a punitive image toward parents who abuse or neglect their children without communicating an understanding of the problem.

COMMUNITY NEGLECT
Failure of a community to provide adequate support and social services for families and children, or lack of community control over illegal or discriminatory activities with respect to families and children.

COMMUNITY ORGANIZATION
A social work method of achieving change in human service organizations or service delivery and utilization through social planning and/or social action. This kind of intervention rests explicitly or implicitly on understanding the nature of the community or service system which is the target of change and on organizing members of the community or system to participate in the change process. Professional community organizers assist, but do not direct, community groups in developing community organization strategies of confrontation, collaboration, coalition, etc. Since child abuse and neglect is a multidisciplinary, multiagency problem, community organization for coordination of services is imperative.

COMMUNITY SUPPORT SYSTEMS
Community resources such as schools, public health services, day care centers, welfare advocacy, whose utilization can aid in preventing family dysfunction and child abuse and neglect, and aid in treating identified cases of abuse and neglect.

COMMUNITY TEAM

Often used incorrectly to refer to a multidisciplinary professional group which only diagnoses and plans treatment for specific cases of child abuse and neglect. More accurately, a community team separates the diagnosis and treatment functions and provides a third component for education, training, and public relations. The community tream also includes a community task force or council, including citizens as well as professionals from various disciplines, which coordinates the three community team components and advocates for resources and legislation. Citizens on the community team also monitor the professionals and agency participants. For effective child abuse and neglect management, a community team should be established for every geographic area of 400,000 to 500,000 population, and should consist of the following components:

Identification/ Diagnostic Team Component

The identification/diagnostic team component has primary responsibility for diagnosing actual cases of child abuse and neglect among those which are reported or otherwise come to their attention, providing acute care or crisis intervention for the child in immediate danger, and developing long-term treatment recommendations. This team should be multidisciplinary and should probably include a public health nurse, pediatrician, psychologist or psychiatrist, lawyer, law enforcement person, case aides, and a number of child protective services workers. The protective services workers on the diagnostic team undergo unusual physical and emotional fatigue, and they should have a two or three week break from this activity every several months. However, to further relieve this stress, the diagnostic team, and not the protective services workers alone, should make and be accountable for all decisions. To function effectively, this team must establish protocol, define roles of each team member, establish policies and procedures, and establish a network of coordination with acute care service agencies.

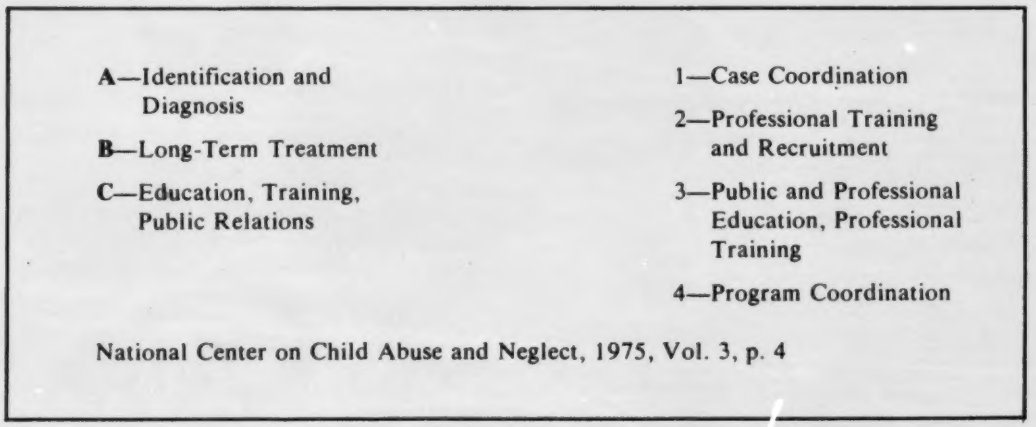
Long Term Treatment Component

The long term treatment component has responsibility to review treatment needs and progress of specific cases periodically, to establish treatment goals, to coordinate existing treatment services, and to develop new treatment programs. This component should include supervisors and workers from supportive and advocacy services as well as from adult, children, and family treatment programs. The community team must assure provision and use of this component.

Education, Training, and Public Relations Component

The education, training, and public relations component has responsibility for community and professional awareness and education. Professional education includes implementation and/or evaluation of ongoing training programs for professionals and paraprofessionals.

The interrelationship among these various components is diagrammed below:



National Center on Child Abuse and Neglect, 1975, Vol. 3, p. 4

COMPLIANCE

1) The behavior of children who readily yield to demands in an attempt to please abusive or neglectful parents or caretakers.

2) A state child abuse and neglect law which conforms to requirements outlined in the Child Abuse Prevention and Treatment Act and further HEW regulations, and which therefore permits funding under this act for child abuse and neglect activities in the state. (See also CHILD ABUSE PREVENTION AND TREATMENT ACT)

COMPLAINT

1) An oral statement, usually made to the police, charging criminal, abusive, or neglectful conduct.

2) A district attorney's document which starts a criminal prosecution.

3) A petitioner's document which starts a civil proceeding. In juvenile or family court, the complaint is usually called a petition.

4) In some states, term used for a report of suspected abuse or neglect.

COMPOUND FRACTURE (See FRACTURE)

COMPREHENSIVE EMERGENCY SERVICES (CES)

A community system of coordinated services available on a 24-hour basis to meet emergency needs of children and/or families in crisis. Components of a CES system can include 24-hour protective services, homemaker services, crisis nurseries, family shelters, emergency foster care, outreach, and follow-up services.

CONCILIATION COURT (See COURTS)

CONCUSSION

An injury of a soft structure resulting from violent shaking or jarring; usually refers to a brain concussion.

CONFIDENTIALITY

Professional practice of not sharing with others information entrusted by a client or patient. Sometimes communications from parent to physician or social worker are made with this expectation but are later used in court, and many physicians and social workers are torn between legal vs. professional obligations. Confidentiality which is protected by statute is known as privileged communications. Confidentiality need not obstruct information sharing with a multidisciplinary team provided that the client is advised of the sharing and the team has articulated its own policy and guidelines on confidentiality. (See also PRIVILEGED COMMUNICATIONS)

CONGENITAL

Refers to any physical condition present at birth, regardless of its cause.

CONJUNCTIVA

Transparent lining covering the white of the eye and eyelids. Bleeding beneath the conjunctiva can occur spontaneously or from accidental or non-accidental injury.

CONTRAINDICATION

Reason for not giving a particular drug or prescribing a particular treatment. as it may do more harm than good.

CONTUSION

A wound producing injury to soft tissue without a break in the skin, causing bleeding into surrounding tissues.

CORPORAL PUNISHMENT

Physical punishment inflected directly upon the body. Some abusive parents mistakenly believe that corporal punishment is the only way to discipline children, and some child development specialists believe that almost all parents must occasionally resort to corporal punishment to discipline or train children. Other professionals believe that corporal punishment is never advisable. In a Supreme Court ruling (Ingraham vs. Wright, April 19, 1977), corporal punishment in the schools was upheld. The Supreme Court ruled that the cruel and unusual punishment clause of the Eighth Amendment does not apply to corporal punisnment in the schools. (See also DISCIPLINE).

CORTEX

Outer layer of an organ or other body structure.

COURTS

Places where judicial proceedings occur. There is an array of courts involved with child abuse and neglect cases, partly because different states divide responsibility for certain proceedings among different courts, and also because tradition has established a variety of names for courts which perform similar functions. Child abuse reports can result in proceedings in any of the following courts:

Criminal Court

Usually divided into superior court, which handles felony cases, and municipal court, which handles misdemeanors and the beginning stages of most felony cases.

Domestic Relations Court

A civil court in which divorces and divorce custody hearings are held.

Family Court
A civil court which, in some states, combines the functions of domestic relations, juvenile, and probate courts. Establishment of family courts is often urged to reform the presently wasteful and poorly-coordinated civil court system. Under some proposals, family courts would also deal with criminal cases involving family relations, thus improving coordination in child abuse litigation.

Court of Conciliation
A branch of domestic relations courts in some states, usually staffed by counselors and social workers rather than by lawyers or judges, and designed to explore and promote reconciliation in divorce cases.

Juvenile Court
Juvenile court, which has jurisdiction over minors, usually handles cases of suspected delinquency as well as cases of suspected abuse or neglect. In many states, terminations of parental rights occur in juvenile court proceedings, but that is generally the limit of juvenile court's power over adults.

Probate Court
Probate court may handle cases of guardianship and adoption in addition to estates of deceased persons.

CRANIUM
The skull.

CRIMINAL PROSECUTION
The process involving the filing of charges of a crime, followed by arraignment and trial of the defendant. Criminal prosecution may result in fines, imprisonment, and/or probation. Criminal defendants are entitled to acquittal unless charges against them are proven beyond a reasonable doubt. Technical rules of evidence exclude many kinds of proof in criminal trials, even though that proof might be admissible in civil proceedings. Criminal defendants are entitled to a jury trial; in many civil proceedings concerning children, there is no right to a jury trial.

CRISIS INTERVENTION
Action to relieve a specific stressful situation or series of problems which are immediately threatening to a child's health and/or welfare. This involves alleviation of parental stress through provision of emergency services in the home and/or removal of the child from the home. (See also EMERGENCY SERVICES and COMPREHENSIVE EMERGENCY SERVICES)

CRISIS NURSERY
Facility offering short-term relief of several hours to several days' duration to parents temporarily unable or unwilling to care for their children. The primary purpose are child protection, stabilization of the home, and prevention of child abuse and neglect.

CUSTODY
The right to care and control of a child and the duty to provide food, clothing, shelter, ordinary medical care, education, and discipline for a child. Permanent legal custody may be taken from a parent or given up by a parent by a court action (see TERMINATION OF PARENTAL RIGHTS). Temporary custody of a child may be granted for a limited time only, usually pending further action or review by the court. Temporary custody may be granted for a period of months or, in the case of protective or emergency custody, for a period of hours or several days.

Emergency Custody
The ability of a law enforcement officer, pursuant to the criminal code, to take temporary custody of a child who is in immediate danger and place him/her in the control of child protective services. A custody hearing must usually be held within 48 hours of such action. Also known as police custody.

Protective Custody
Emergency measure taken to detain a child, often in a hospital, until a written detention request can be filed. In some states, telephone communication with a judge is required to authorize protective custody. In other states, police, social workers, or doctors have statutory authority to detain minors who are in imminent danger. (See also DETENTION)

CUSTODY HEARING
Hearing, usually held in children's court, to determine who has the rights of legal custody of a minor. It may involve one parent against the other or the parents vs. a social service agency.

CYCLE OF CHILD ABUSE OR NEGLECT (See WORLD OF ABNORMAL REARING)

DAUGHTERS UNITED
Organization name sometimes used for self-help groups of daughters who have been sexually abused. Daughters United is one component of a model Child Sexual Abuse Treatment Program in Santa Clara County, California. (See also PARENTS UNITED)

DAY CARE
A structured, supervised place for children to go more or less regularly while parents work or attend school. Experts believe that family stress can be relieved by

more extensive provision of day care services, and day care providers are increasingly concerned with identification and prevention of child abuse and neglect.

DAY TREATMENT

1) Program providing treatment as well as structured supervision for children with identified behavioral problems, including abused and neglected children, while they remain in their own, foster, or group homes. Day treatment services usually include counseling with families or caretakers with whom the children reside.
2) Treatment and structured activities for parents or entire families in a treatment setting from which they return to their own homes evenings and weekends.

DELINQUENCY

Behavior of a minor which would, in the case of an adult, constitute criminal conduct. In some states, delinquency also includes "waywardness" or disobedient behavior on the part of the child. In contrast to dependency cases, where the parent(s) rather than the minor is assumed responsible, delinquency cases assume that the minor has some responsibility for his/her behavior.

DENVER MODEL

A multidisciplinary hospital-community coalition which originated in Denver, Colorado, and which has become a model replicated by many other programs. The following diagram outlines the components:

TIME	PLACE	FUNCTION
24 hours	Community	Child is identified as suspected abuse or neglect.
	Hospital	Child is admitted to hospital.
	Hospital	Telephone report is made to protective services.
	Community	Home is evaluated by protective services.
72 hours	Both	Dispositional conference is held.
	Community	Court is involved if needed.
2 weeks	Both	Implement dispositional plan.
6-9 months	Community	Maintain case.
	Both	Long-term Treatment program is followed.
	Both	Child is returned home when home has been made safe.

Adapted from Kempe and Helfer, pp. 180-181.

DEPENDENCY

A child's need for care and supervision from a parent or caretaker. Often a legal term referring to cases of children whose natural parent(s) cannot or will not properly care for them or supervise them so that the state must assume this responsibility. Many states distinguish findings of dependency, for which the juvenile is assumed to have little or no responsibility, from findings of delinquency, in which the juvenile is deemed to be at least partially responsible for his/her behavior.

DETENTION

The temporary confinement of a person by a public authority. In a case of child abuse or neglect, a child may be detained pending a trial when a detention hearing indicates that it is unsafe for the child to remain in his/her own home. This is often called protective custody or emergency custody. The child may be detained in a foster home, group home, hospital, or other facility.

DETENTION HEARING

A court hearing held to determine whether a child should be kept away from his/her parents until a full trial of neglect, abuse, or delinquency allegations can take place. Detention hearings must usually be held within 24 hours of the filing of a detention request. (See also CUSTODY)

DETENTION REQUEST

A document filed by a probation officer, social worker, or prosecutor with the clerk of a juvenile or family court, asking that a detention hearing be held, and that a child be detained until the detention hearing has taken place. Detention requests must usually be filed

within 48 hours of the time protective custody of the child begins. (See also CUSTODY)

DIAGNOSTIC TEAM (See COMMUNITY TEAM)

DIAPHYSIS
The shaft of a long bone.

DIFFERENTIAL DIAGNOSIS
The determination of which of two or more diseases or conditions a patient may be suffering from by systematically comparing and contrasting the clinical findings.

DIRECT EVIDENCE (See EVIDENCE)

DIRECT SERVICE PROVIDERS
Those groups and individuals who directly interact with clients and patients in the delivery of health, education, and welfare services, or those agencies which employs them. It includes, among others, policemen, social workers, physicians, psychiatrists, and clinical psychologists who see clients or patients.

DISCIPLINE

1) A branch of knowledge or learning or a particular profession, such as law, medicine, or social work.
2) Training that develops self-control, self-sufficiency, orderly conduct. Discipline is often confused with punishment, particularly by abusive parents who resort to corporal punishment. Although interpretations of both "discipline" and "punishment" tend to be vague and often overlapping, there is some consensus that discipline has positive connotations and punishment is considered negatively. Some general comparisons between the terms are:

   a) Discipline can occur before, during, and/or after an event; punishment occurs only after an event.
   b) Discipline is based on respect for a child and his/her capabilities; punishment is based on behavior or events precipitating behavior.
   c) Discipline implies that there is an authority figure; punishment implies power and dominance vs. submissiveness.
   d) The purpose of discipline is educational and rational; the purpose of punishment is to inflict pain, often in an attempt to vent frustration or anger.
   e) Discipline focuses on deterring future behavior by encouraging development of internal controls; punishment is a method of external control which may or may not alter future behavior.
   f) Discipline can lead to extrapolation and generalized learning patterns; punishment may relate only to a specific event.
   g) Discipline can strengthen interpersonal bonds and recognizes individual means and worth; punishment usually causes deterioration of relationships and is usually a dehumanizing experience.
   h) Both discipline and punishment behavior patterns may be transmitted to the next generation.

According to legal definitions applying to most schools and school districts, to accomplish the purposes of education, a schoolteacher stands in the place of a parent and may exercise powers of control, restraint, discipline, and correction as necessary, provided that the discipline is reasonable. The Supreme Court has ruled that under certain circumstances, the schools may also employ corporal punishment. (See also CORPORAL PUNISHMENT)

DISLOCATION
The displacement of a bone, usually disrupting a joint, which may accompany a fracture or may occur alone.

DISPOSITION
The order of a juvenile or family court issued at a dispositional hearing which determines whether a minor, already found to be a dependent or delinquent child, should continue in or return to the parental home, and under what kind of supervision, or whether the minor should be placed out-of-home, and in what kind of setting: a relative's home, foster home, or institution. Disposition in a civil case parallels sentencing in a criminal case.

DISPOSITIONAL CONFERENCE
A conference, preferably multidisciplinary, in which the child, parent, family, and home diagnostic assessments are evaluated and decisions are made as to court involvement, steps needed to protect the child, and type of long-term treatment. This conference should be held within the first 72 hours after hospital admission or reporting of the case.

DISPOSITIONAL HEARING (See DISPOSITION)

DISTAL
Far; farther from any point of reference. Opposite of proximal.

DOMESTIC RELATIONS COURT (See COURTS)

DUE PROCESS
The rights of persons involved in legal proceedings to be treated with fairness. These rights include the right to adequate notice in advance of hearings, the right to notice of allegations of misconduct, the right to assistance of a lawyer, the right to confront and cross-examine witnesses, and the right to refuse to give self-incriminating testimony.

In child abuse or neglect cases, courts are granting more and more due process to parents in recognition of the fact that loss of parental rights, temporarily or permanently, is as serious as loss of liberty. However, jury trials and presumptions of innocence are still afforded in very few juvenile or family court cases.

DUODENUM
The first portion of the small intestine which connects it to the stomach.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)
Program enacted in 1967 under Medicaid (Title 19 of the Social Security Act), with early detection of potentially crippling or disabling conditions among poor children as its goal. The establishment of EPSDT was a result of studies indicating that physical and mental defects were high among poor children and that early detection of the problems and prompt receipt of health care could reduce the consequences and the need for remedial services in later life. Although a recent study by the Children's Defense Fund has indicated that existing health systems are not adequate to facilitate the goals of EPSDT, the program has uncovered many previously undetected or untreated health problems among those children whom it has been able to reach.

EARLY INTERVENTION
Programs and services focusing on prevention by relieving family stress before child abuse and neglect occur; for example, help-lines, Head Start, home health visitors, EPSDT, crisis nurseries.

ECCHYMOSIS (See INTRADERMAL HEMORRHAGE)

EDEMA
Swelling caused by an excessive amount of fluid in body tissue. It often follows a bump or bruise but may also be caused by allergy, malnutrition, or disease.

EMERGENCY CUSTODY (See CUSTODY)

EMERGENCY SERVICES
The focus of these services is protection of a child and prevention of further maltreatment through availability of a reporting mechanism on a 24-hour basis and immediate intervention. This intervention could include hospitalization of the child, assistance in the home including homemakers, or removal of the child from the home to a shelter or foster home. (See also COMPREHENSIVE EMERGENCY SERVICES)

EMOTIONAL ABUSE (See CHILD ABUSE AND NEGLECT)

EMOTIONAL NEGLECT (See CHILD ABUSE AND NEGLECT)

ENCOPRESIS
Involuntary passage of feces.

ENURESIS
Involuntary passage of urine.

EPIPHYSIS
Growth center near the end of a long bone.

EVIDENCE
Any sort of proof submitted to the court for the purpose of influencing the court's decision. Some special kinds of evidence are:

Circumstantial
Proof of circumstances which may imply another fact. For example, proof that a parent kept a broken appliance cord may connect the parent to infliction of unique marks on a child's body.

Direct
Generally consisting of testimony of the type such as a neighbor stating that he/she saw the parent strike the child with an appliance cord.

Hearsay
Second-hand evidence, generally consisting of testimony of the type such as, "I heard him say. . . ." Except in certain cases, such evidence is usually excluded because it is considered unreliable and because the person making the original statement cannot be cross-examined.

Opinion
Although witnesses are ordinarily not permitted to testify to their beliefs or opinions, being restricted instead to reporting what they actually saw or heard, when a witness can be qualified as an expert on a given subject, he/she can report his/her conclusions, for example, "Based upon these marks, it is my opinion as a doctor that the child must have been struck

with a flexible instrument very much like this appliance cord." Lawyers are sometimes allowed to ask qualified experts "hypothetical questions," in which the witness is asked to assume the truth of certain facts and to express an opinion based on those "facts." (See also EXPERT TESTIMONY)

Physical
Any tangible piece of proof such as a document, X-ray, photograph, or weapon used to inflict an injury. Physical evidence must usually be authenticated by a witness who testifies to the connection of the evidence (also called an exhibit) with other facts in the case.

Evidentiary Standards
State laws differ in the quantum of evidence which is considered necessary to prove a case of child maltreatment. Three of the most commonly used standards are:

Beyond a Reasonable Doubt (the standard required in all criminal court proceedings). Evidence which is entirely convincing or satisfying to a moral certainty. This is the strictest standard of all.

Clear and Convincing Evidence. Less evidence than is required to prove a case beyond a reasonable doubt, but still an amount which would make one confident of the truth of the allegations.

Preponderance of the Evidence (the standard in most civil court proceedings). Merely presenting a greater weight of credible evidence than that presented by the opposing party. This is the easiest standard of proof of all.

EXHIBIT
Physical evidence used in court. In a child abuse case, an exhibit may consist of X-rays, photographs of the child's injuries, or the actual materials presumably used to inflict the injuries. (See also EVIDENCE)

EXPERT TESTIMONY
Witnesses with various types of expertise may testify in child abuse or neglect cases; usually these expert witnesses are physicians or radiologists. Experts are usually questioned in court about their education or experience which qualifies them to give professional opinions about the matter in question. Only after the hearing officer determines that the witness is, in fact, sufficiently expert in the subject matter may that witness proceed to state his/her opinions. (See also EVIDENCE)

EXPERT WITNESS (See EXPERT TESTIMONY)

EXPLOITATION OF CHILDREN
1) Involving a child in illegal or immoral activities for the benefit of a parent or caretaker. This could include child pornography, child prostitution, sexual abuse, or forcing a child to steal.
2) Forcing workloads on a child in or outside the home so as to interfere with the health, education, and well-being of the child.

EXPUNGEMENT
Destruction of records. Expungement may be ordered by the court after a specified number of years or when the juvenile, parent, or defendant applies for expungement and shows that his/her conduct has improved. Expungement also applies to the removal of an unverified report of abuse or neglect that has been made to a central registry. (See also CENTRAL REGISTRY)

EXTRAVASATED BLOOD
Discharge or escape of blood into tissue.

FAILURE TO THRIVE SYNDROME (FTT)
A serious medical condition most often seen in children under one year of age. An FTT child's height, weight, and motor development fall significantly short of the average growth rates of normal children. In about 10% of FTT cases, there is an organic cause such as serious heart, kidney, or intestinal disease, a genetic error of metabolism, or brain damage. All other cases are a result of a disturbed parent-child relationship manifested in severe physical and emotional neglect of the child. In diagnosing FTT as child neglect, certain criteria should be considered:

1) The child's weight is below the third percentile, but substantial weight gain occurs when the child is properly nurtured, such as when hospitalized.
2) The child exhibits developmental retardation which decreases when there is adequate feeding and appropriate stimulation.
3) Medical investigation provides no evidence that disease or medical abnormality is causing the symptoms.
4) The child exhibits clinical signs of deprivation which decrease in a more nurturing environment.
5) There appears to be a significant environmental psychosocial disruption in the child's family.

FAMILIES ANONYMOUS
1) Name used by the National Center for the Prevention and Treatment of Child Abuse and Neglect at Denver for self-help groups for abusive parents. These groups operate in much the same way as the

more widely-known Parents Anonymous. (See also PARENTS ANONYMOUS)

2) Self-help groups for families of drug abusers.

FAMILIES-AT-RISK

May refer to families evidencing high potential for child abuse or neglect because of a conspicuous, severe parental problem, such as criminal behavior, substance abuse, mental retardation, or psychosis. More often refers to families evidencing high potential for abuse or neglect because of risk factors which may be less conspicuous but multiple. These include: 1) environmental stress such as unemployment or work dissatisfaction; social isolation; anomie; lack of child care resources; and/or 2) family stress such as marital discord; chronically and/or emotionally immature parent with a history of abuse or neglect as a child; unwanted pregnancy; colicky, hyperactive, or handicapped baby or child; siblings a year or less apart; sudden changes in family due to illness, separation, or death; parentla ignorance of child care and child development. Increasingly, the maternal-infant bonding process at childbirth is evaluated and used as one means to identify families-at-risk. Families thus identified should be offered immediate and periodic assistance.

FAMILY

Two or more persons related by blood, marriage, or mutual agreement who interact and provide one another with mutual physical, emotional, social, and/or economic care. Families can be described as "extended," with more than one generation in a household; or "nuclear," with only parent(s) and child(ren). Families can also be described as "mixed" or "multiracial"; "multi-parent," as in a commune or collective; or "single-parent." These types are not mutually exclusive.

FAMILY COURT (See COURTS)

FAMILY DYNAMICS

Interrelationships between and among individual family members. The evaluation of family dynamics is an important factor in the identification, diagnosis, and treatment of child abuse and neglect.

FAMILY DYSFUNCTION

Ineffective functioning of the family as a unit or of individual family members in their family role because of physical, mental, or situational problems of one or more family members. A family which does not have or use internal or external resources to cope with its problems or fulfill its responsibilities to children may be described as dysfunctional. Child abuse and neglect is evidence of family dysfunction.

FAMILY IMPACT STATEMENT

Report which assesses the effect of existing and proposed legislation, policies, regulations, and practices on family life. The purpose is to promote legislation and policies which work for, not against, healthy family life. At the federal level, this activity is being developed by the Family Impact Seminar, George Washington University Institute for Educational Leadership (1001 Connecticut Ave., N.W., Suite 732, Washington, D.C. 20036).

FAMILY LIFE EDUCATION

Programs focusing on educating, enlightening, and supporting individuals and families regarding aspects of family life; for example, child development classes, communication skills workshops, sex education courses, or money management courses. Family life education might well be part of every child abuse and neglect prevention program, and may be part of the treatment program for abusive or neglectful parents who lack this information.

FAMILY PLANNING

Information and counseling provided to assist in controlling family size and spacing of children, including referrals to various agencies such as Planned Parenthood.

As a condition of receiving federal funding for AFDC (see SOCIAL SECURITY ACT), states are required to offer family planning services to applicants designated as "appropriate." Family planning should be part of a child abuse and neglect prevention program.

FAMILY POLICY

Generally refers to public social and economic policies that centrally affect families. There is considerable confusion about the term, with some persons believing that family policy should mean more direct policies affecting families, such as family planning policies. There is much more agreement that we should look at the impact of numerous policies on families, and that these should include a wide range of governmental policies. (See also FAMILY IMPACT STATEMENT)

FAMILY SHELTER

A 24-hour residential care facility for entire families. The setting offers around-the-clock care, and often provides diagnosis and comprehensive treatment on a short-term basis. In child abuse and neglect, a family shelter is used primarily for crisis intervention.

FAMILY SYSTEM

The concept that families operate as an interacting whole and are an open system, so that many factors in the environment affect the functioning of family mem-

bers and the interaction among members. It is also conceptualized that the behavior of the family as an interacting unit has an effect on a number of factors in the outer environment.

FAMILY VIOLENCE
Abusive or aggressive behavior between parents, known as wife battering or spouse abuse; between children, known as sibling abuse; and/or between parents and children within a family, usually child abuse. This behavior is related to factors within the structure of a family system and/or society; for example, poverty, models of violent behavior displayed via mass media, stress due to excessive numbers of children, values of dominance and submissiveness, and attitudes toward discipline and punishment. It may also occur as a result of alcoholism or other substance abuse.

The terms family violence and domestic violence are sometimes used interchangeably but some persons exclude child abuse from the definition of domestic violence and limit it to violence between adult mates or spouses.

FEDERAL REGULATIONS
Guidelines and regulations developed by departments or agencies of the federal government to govern programs administered or funded by those agencies. Regulations specify policies and procedures outlined in a more general way in public laws or acts. Proposed federal regulations, or changes in existing regulations, are usually published in the *Federal Register* for public review and comment. They are subsequently published in the final form adopted by the governing agency.

FEDERAL STANDARDS (See STANDARDS)

FELONY
A serious crime for which the punishment may be imprisonment for longer than a year and/or a fine greater than $1,000. Distinguished from misdemeanor or infraction, both of lesser degree.

FIFTH AMENDMENT
The Fifth Amendment to the U.S. Constitution guarantees a defendant that he/she cannot be compelled to present self-incriminating testimony.

FONTANEL
The soft spots on a baby's skull where the bones of the skull have not yet grown together.

FORENSIC MEDICINE
That branch of the medical profession concerned with establishing evidence for legal proceedings.

FOSTER CARE
A form of substitute care for children who need to be removed from their own homes. Usually this is a temporary placement in which a child lives with a licensed foster family or caretaker until he/she can return to his/her own home or until reaching the age of majority. Foster care all too often becomes a permanent method of treatment for abused or neglected children. Effective foster care ideally includes service to the child, service to the natural parents, service to the foster parents, and periodic review of the placement.

FOSTER GRANDPARENTS
Retired persons or senior citizens who provide nurturance and support for children to whom they are not related, including abused and neglected children, by babysitting or taking them for recreational outings. This enables parents to have some respite and allows retired or older persons an opportunity to become involved in community activities. Sometimes foster grandparents are volunteers and sometimes they are paid by an agency program.

FOUNDED REPORT
Any report of suspected child abuse or neglect made to the mandated agency which is confirmed or verified. Founded reports outnumber unfounded reports.

FRACTURE
A broken bone, which is one of the most common injuries found among battered children. The fracture may occur in several ways:

Chip Fracture
A small piece of bone is flaked from the major part of the bone.

Comminuted Fracture
Bone is crushed or broken into a number of pieces.

Compound Fracture
Fragment(s) of broken bone protrudes through the skin, causing a wound.

Simple Fracture
Bone breaks without wounding the surrounding tissue.

Spiral Fracture
Twisting causes the line of the fracture to encircle the bone like a spiral staircase.

Torus Fracture
A folding, bulging, or buckling fracture.

See diagram on next page for names and locations of the major bones of the human skeleton.

FRONTAL
Referring to the front of the head; the forehead.

FUNDASCOPIC EXAM
Opthalmic examination to determine if irregularities or internal injuries to the eye exist.

GATEKEEPERS
Professionals and the agencies which employ them who are in frequent or periodic contact with families or children and who are therefore in an advantageous position to spot individual and family problems, including child abuse and neglect, and make appropriate referrals for early intervention or treatment.

GLUTEAL
Related to the buttocks, which are made up of the large gluteus maximus muscles.

GONORRHEA (See VENEREAL DISEASE)

GRAND ROUNDS
Hospital staff meetings for presentation and discussion of a particular case or medical problem.

GUARDIAN
Adult charged lawfully with the responsibility for a child. A guardian has almost all the rights and powers of a natural parent, but the relationship is subject to termination or change. A guardian may or may not also have custody and therefore actual care and supervision of the child.

GUARDIAN AD LITEM (GAL)
Adult appointed by the court to represent the child in a judicial proceeding. The *guardian ad litem* may be, but is not necessarily, an attorney. Under the Child Abuse Prevention and Treatment Act, a state cannot qualify for federal assistance unless it provides by statute "that in every case involving an abused or neglected child which results in a judicial proceeding a *guardian ad litem* shall be appointed to represent the child in such proceedings." Some states have begun to allow a GAL for children in divorce cases.

HEAD START
A nationwide comprehensive program for disadvantaged preschool children, funded by the HEW Administration for Children, Youth and Families to meet the educational, nutritional, and health needs of the children and to encourage parent participation in their children's development.

Through federal policy instructions (see *Federal Register*, January 26, 1977), all Head Start staff are mandated to report suspected cases of child abuse and neglect. These policy instructions supersede individual child abuse and neglect reporting laws in states which do not include Head Start staff as mandated reporters.

HEARING
Judicial proceeding where issues of fact or law are tried and in which both parties have a right to be heard. A hearing is synonymous with a trial.

HEARING OFFICER
A judge or other individual who presides at a judicial proceeding. The role of judge is performed in some juvenile court hearings by referees or commissioners, whose orders are issued in the name of the supervising judge. Acts of a referee or commissioner may be undone after the supervising judge has conducted a rehearing in the case.

HELPLINE
Usually a telephone counseling, information, and referral service characterized by caller anonymity, late hour availability, and the use of trained volunteers as staff. The goal is usually early intervention in any kind of family stress, as well as crisis intervention in child abuse and neglect. Helplines relieve social isolation and offer ways of ventilating stress which are not destructive. Unlike hotlines, helplines generally cannot report cases of child abuse and neglect since they do not know the caller's name. Instead, the helpline attempts to have the caller himself/herself seek professional assistance and/or maintain a regular calling relationship for support and as an alternative to violent behavior. Helplines appear to be very cost effective in the preventive of child abuse and neglect. Major disadvantages are lack of visual cues to problems and limited opportunity for follow-up services. (See also HOTLINE)

HEMATEMESIS
Vomiting of blood from the stomach, often resulting from internal injuries.

HEMATOMA
A swelling caused by a collection of blood in an enclosed space, such as under the skin or the skull.

HEMATUREA
Blood in the urine.

HEMOPHILIA
Hereditary blood clotting disorder characterized by spontaneous or traumatic internal and external bleeding and bruising.

HEMOPTYSIS
Spitting or coughing blood from the windpipe or lungs.

HEMORRHAGE
The escape of blood from the vessels; bleeding.

HOME HEALTH VISITOR (See CHILD HEALTH VISITOR)

HOME START
A nationwide home-based program funded by the HEW Administration for Children, Youth and Families to strengthen parents as educators of their own children.

HOMEMAKER SERVICES
Provision of assistance, support, and relief for parents who may be unable or unwilling to fulfill parenting functions because of illness or being overwhelmed with parenting responsibilities. A homemaker is placed in a home on an hourly or weekly basis and assists with housekeeping and child care while demonstrating parenting skills and providing some degree of nurturance for parents and children.

HOSPITAL HOLD
Hospitalization for further observation and protection of a child suspected of being abused or neglected. This usually occurs when a suspected case is discovered in an emergency room. In most cases, holding the child is against the wishes of the parent or caretaker. (See also CUSTODY)

HOTLINE
Twenty-four hour statewide or local answering service for reporting child abuse or neglect and initiating investigation by a local agency. This is often confused with a helpline. (See also HELPLINE)

HYPERACTIVE
More active than is considered normal.

HYPERTHERMIA
Condition of high body temperature.

HYPHEMA
Hemorrhage within the anterior chamber of the eye, often appearing as a bloodshot eye. The cause could be a blow to the head or violent shaking.

HYPOACTIVE
Less active than is considered normal.

HYPOTHERMIA
Condition of low body temperature.

HYPOVITAMINOSIS
Condition due to the deficiency of one or more essential vitamins. (See also AVITAMINOSIS)

IDENTIFICATION OF CHILD ABUSE AND NEGLECT
Diagnosis or verification of child abuse and neglect cases by mandated agency workers or a diagnostic team following investigation of suspected child abuse and neglect (see INDICATORS OF CHILD ABUSE AND NEGLECT). Identification of child abuse and neglect therefore depends not only on professional diagnostic skill but also on the extent to which the public and professionals report suspected cases. Public awareness campaigns are important to effect identification, but at the same time it is important to have sufficient staff in the mandated agency to handle all the reports a public awareness campaign may generate (see COMMUNITY AWARENESS and COMMUNITY EDUCATION). More reporting and therefore identification will also occur as states strengthen their reporting laws so as to extend the number of persons who must report and penalize them more heavily if they don't. It is generally agreed that to date the identification of child abuse and neglect represents only a small proportion of the actual incidence of the problem. It is also generally agreed that a greater degree of identification occurs in minority and low income groups because these persons are more visible to agencies and professionals required to report. The incidence is probably as high in upper socio-economic groups, but identification is more difficult, particularly because private physicians generally dislike to report.

ILEUM
Final portion of the small intestine which connects with the colon.

IMMUNITY, LEGAL
Legal protection from civil or criminal liability.

1) Child abuse and neglect reporting statutes often confer immunity upon persons mandated to report, giving them an absolute defense to libel, slander, invasion of privacy, false arrest, and other lawsuits which the person accused of the act might file. Some grants of immunity are limited only to those persons who report in good faith and without malicious intent.
2) Immunity from criminal liability is sometimes con-

ferred upon a witness in order to obtain vital testimony. Thereafter, the witness cannot be prosecuted with the use of information he/she disclosed in his/her testimony. If an immunized witness refuses to testify, he/she can be imprisoned for contempt of court.

IMPETIGO
A highly contagious, rapidly spreading skin disorder which occurs principally in infants and young children. The disease, characterized by red blisters, may be an indicator of neglect and poor living conditions.

IMPULSE-RIDDEN MOTHER
Term often used to describe one kind of neglectful parent who demonstrates restlessness, aggressiveness, inability to tolerate stress, manipulativeness, and craving for excitement or change. This parent may have a lesser degree of early deprivation than the apathetic-futile parent, but lacks self-control over strong impulses and/or has not learned limit-setting

IN CAMERA
Any closed hearing before a judge in his chambers is said to be *in camera*.

IN LOCO PARENTIS
"In the place of a parent." Refers to actions of a guardian or other non-parental custodian.

INCEST
Sexual intercourse between persons who are closely related. Some state laws recognize incest only as sexual intercourse among consaguineous, or blood, relations; other states recognize incest as sexual relations between a variety of family members related by blood and/or law. In the U.S., the prohibition against incest is specified by many states' laws as well as by cultural tradition, with state laws usually defining incest as marriage or sexual relationships between relatives who are closer than second, or sometimes even more distant, cousins. While incest and sexual abuse are sometimes thought to be synonymous, it should be realized that incest is only one aspect of sexual abuse. Incest can occur within families between members of the same sex, but the most common form of incest is between father and daughters. It is generally agreed that incest is much more common than the number of reported cases indicates. Also, because society has not until the present done much about this problem, professionals have generally not had adequate training to deal with it, and the way the problem is handled may prove more traumatic for a child victim of incest than the incest experience itself. It should be noted that sexual relations between relatives may be defined as incest, but that incest is not considered child sexual abuse unless a minor is involved. (See also CHILD ABUSE AND NEGLECT, SEXUAL ABUSE, SEXUAL MISUSE)

INCIDENCE
The extent to which a problem occurs in a given population. No accurate or complete data is available on the actual incidence of child abuse and neglect in the U.S. because major studies have not been able to obtain data from some states or have found the data not to be comparable. For continuing efforts to solve this problem, see NATIONAL STUDY ON CHILD ABUSE AND NEGLECT REPORTING. Informed estimates of incidence range from 600,000 to one million cases of child abuse and neglect per year in this country. It is generally agreed that child neglect is four to five or more times more common than child abuse. Incidence of actual child abuse and neglect should not be confused with the number of reported cases in a central registry, since the latter include reports of suspected but unconfirmed cases. On the other hand, it is generally agreed that because of insufficient reporting, the number of actual cases coming to the attention of local agencies is but a small proportion of the actual number of cases in the population. (See also CENTRAL REGISTRY and IDENTIFICATION OF CHILD ABUSE AND NEGLECT)

INDICATED CHILD ABUSE AND NEGLECT
1) In some state statutes, "indicated" child abuse and neglect means a confirmed or verified case.
2) Medically, "indicated" means a probable case.

INDICATORS OF CHILD ABUSE AND NEGLECT
Signs or symptoms which, when found in various combinations, point to possible abuse or neglect. See chart on next page for common indicators of child abuse and neglect.

INDICTMENT
The report of a grand jury charging an adult with criminal conduct. The process of indictment by secret grand jury proceedings by-passes the filing of a criminal complaint and the holding of a preliminary hearing in municipal court, so that prosecution begins immediately in superior court.

INFANTICIDE
The killing of an infant or many infants. Until modern times, infanticide was an accepted method of population control. It often took the form of abandonment. A few primitive cultures still practice infanticide.

Indicators of Child Abuse and Neglect

CATEGORY	CHILD'S APPEARANCE	CHILD'S BEHAVIOR	CARETAKER'S BEHAVIOR
Physical Abuse	–Bruises and welts (on the face, lips, or mouth; in various stages of healing; on large areas of the torso, back, buttocks, or thighs; in unusual patterns, clustered, or reflective of the instrument used to inflict them; on several different surface areas). –Burns (cigar or cigarette burns; glove or sock-like burns or doughnut shaped burns on the buttocks or genitalia indicative of immersion in hot liquid; rope burns on the arms, legs, neck or torso; patterned burns that show the shape of the item (iron, grill, etc.) used to inflict them). –Fractures (skull, jaw, or nasal fractures; spiral fractures of the long (arm and leg) bones; fractures in various states of healing; multiple fractures; any fracture in a child under the age of two). –Lacerations and abrasions (to the mouth, lip, gums, or eye; to the external genitalia). –Human bite marks.	–Wary of physical contact with adults. –Apprehensive when other children cry. –Demonstrates extremes in behavior (e.g., extreme aggressiveness or withdrawal). –Seems frightened of parents. –Reports injury by parents.	–Has history of abuse as a child. –Uses harsh discipline inappropriate to child's age, transgression, and condition. –Offers illogical, unconvincing, contradictory, or no explanation of child's injury. –Seems unconcerned about child. –Significantly misperceives child (e.g., sees him as bad, evil, a monster, etc.). –Psychotic or psychopathic. –Misuses alcohol or other drugs. –Attempts to conceal child's injury or to protect identity of person responsible.
Neglect	–Consistently dirty, unwashed, hungry, or inappropriately dressed. –Without supervision for extended periods of time or when engaged in dangerous activities. –Constantly tired or listless. –Has unattended physical problems or lacks routine medical care. –Is exploited, overworked, or kept from attending school. –Has been abandoned.	–Is engaging in delinquent acts (e.g., vandalism, drinking, prostitution, drug use, etc.) –Is begging or stealing food. –Rarely attends school.	–Misuses alcohol or other drugs. –Maintains chaotic home life. –Shows evidence of apathy or futility. –Is mentally ill or of diminished intelligence. –Has long-term chronic illnesses. –Has history of neglect as a child.
Sexual Abuse	–Has torn, stained, or bloody underclothing. –Experience pain or itching in the genital area. –Has bruises or bleeding in external genitalia, vagina, or anal regions. –Has venereal disease. –Has swollen or red cervix, vulva, or perineum. –Has semen around mouth or genitalia or on clothing. –Is pregnant.	–Appears withdrawn or engages in fantasy or infantile behavior. –Has poor peer relationships. –Is unwilling to participate in physical activities. –Is engaging in delinquent acts or runs away. –States he/she has been sexually assaulted by parent/caretaker.	–Extremely protective or jealous of child. –Encourages child to engage in prostitution or sexual acts in the presence of caretaker. –Has been sexually abused as a child. –Is experiencing marital difficulties. –Misuses alcohol or other drugs. –Is frequently absent from the home.
Emotional Maltreatment	–Emotional maltreatment, often less tangible than other forms of child abuse and neglect, can be indicated by behaviors of the child and the caretaker.	–Appears overly compliant, passive, undemanding. –Is extremely aggressive, demanding, or rageful. –Shows overly adaptive behaviors, either inappropriately adult (e.g., parents other children) or inappropriately infantile (e.g., rocks constantly, sucks thumb, is enuretic). –Lags in physical, emotional, and intellectual development. Attempts suicide.	–Blames or belittles child. –Is cold and rejecting. –Withholds love. –Treats siblings unequally. –Seems unconcerned about child's problem.

INSTITUTIONAL CHILD ABUSE AND NEGLECT

1) Abuse and neglect as a result of social or institutional policies, practices, or conditions. The rather widespread practice of detaining children in adult jails is one example. Usually refers to specific institutions or populations, but may also be used to mean societal abuse or neglect. (See also SOCIETAL ABUSE AND NEGLECT)
2) Child abuse and neglect committed by an employee of a public or private institution or group home against a child in the institution or group home.

INTAKE

Process by which cases are introduced into an agency. Workers are usually assigned to interview persons seeking help in order to determine the nature and extent of the problem(s). However, in child abuse and neglect, intake of reports of suspected cases is usually by telephone and an interview with the reporting person is not required. Child abuse and neglect workers who do intake must be skilled in getting as much information as possible from the reporter in order to determine whether the situation is an emergency requiring instant attention.

INTERDISCIPLINARY TEAM (See COMMUNITY TEAM)

INTRADERMAL HEMORRHAGE

Bleeding within the skin; bruise. Bruises are common injuries exhibited by battered children, and are usually classified by size:

Petechiae
Very small bruise caused by broken capillaries. Petechiae may be traumatic in nature or may be caused by clotting disorders.

Purpura
Petechiae occurring in groups, or a small bruise (up to 1 cm. in diameter).

Ecchymosis
Larger bruise.

INVOLUNTARY CLIENT

Person who has been referred or court-ordered for services but who has not asked for help. Most abusive and neglectful parents are initially involuntary clients and may not accept the need for services. They may deny that there is a problem and resist assistance. Motivation for change may be minimal or nonexistent; however, skillful workers have demonstrated that motivation can be developed and treatment can be effective.

INVOLUNTARY PLACEMENT

Court-ordered assignment of custody to an agency and placement of a child, often against the parents' wishes, after a formal court proceeding, or the taking of emergency or protective custody against the parents' wishes preceding a custody hearing. (See also CUSTODY)

JEJUNUM

Middle portion of the small intestine between the duodenum and the ileum.

JURISDICTION

The power of a particular court to hear cases involving certain categories of persons or allegations. Jurisdiction may also depend upon geographical factors such as the county of a person's residence. (See also COURTS)

JURY

Group of adults selected by lawyers who judge the truth of allegations made in a legal proceeding. Trial by jury is available in all criminal cases, including cases of suspected child abuse and neglect. Very few juvenile, probate, or domestic relations court cases can be tried before a jury and are instead decided by the presiding judge.

JUVENILE COURT (See COURTS)

JUVENILE JUDGE

Presiding officer of a juvenile court. Often in a juvenile court, there are several other hearing officers of lesser rank, usually called referees or commissioners. (See also HEARING OFFICER)

LABELING

The widespread public and professional practice of affixing terms which imply serious or consistent deviance to the perpetrators and/or victims of child abuse and neglect; for example, "child abuser." Since deviance may suggest that punishment is warranted, this kind of labeling decreases the possibility of treatment. This is unfortunate, because experts agree that 80% or 85% of all child abuse and neglect cases have the potential for successful treatment. Such labeling may also make parents see themselves in a negative, despairing way, and discourage them from seeking assistance.

LABORATORY TESTS

Routine medical tests used to aid diagnosis. Those particularly pertinent to child abuse are:

Partial Thromboplastin Time (PTT)
Measures clotting factors in the blood.

Prothrombin Time (PT)
Measures clotting factors in the blood.

Urinalysis
Examination of urine for sugar, protein, blood, etc.

Complete Blood Count (CBC)
Measure and analysis of red and white blood cells.

Rumpel-Leede (Tourniquet) Test
Measures fragility of capillaries and/or bruisability.

LACERATION
A jagged cut or wound.

LATCH KEY CHILDREN
Working parents' children who return after school to a home where no parent or caretaker is present. This term was coined because these children often wear a house key on a chain around their necks.

LATERAL
Toward the side.

LAY THERAPIST (See PARENT AIDE)

LEAST DETRIMENTAL ALTERNATIVE (See BEST INTEREST OF THE CHILD)

LEGAL RIGHTS OF PERSONS IDENTIFIED IN REPORTS
Standards for legal rights stress the need for all persons concerned with child abuse and neglect to be aware of the legal rights of individuals identified in reports and to be committed to any action necessary to enforce these rights. According to the National Center on Child Abuse and Neglect *Revision to Federal Standards on the Prevention and Treatment of Child Abuse and Neglect (Draft)*, these rights include the following:

1) Any person identified in a report as being suspected of having abused or neglected a child should be informed of his/her legal rights.
2) The person responsible for the child's welfare should receive written notice and be advised of his/her legal rights when protective custody authority is exercised.
3) A child who is alleged to be abused or neglected should have independent legal representation in a child protection proceeding.
4) The parent or other person responsible for a child's welfare who is alleged to have abused or neglected a child should be entitled to legal representation in a civil or criminal proceeding.
5) The local child protective services unit should have the assistance of legal counsel in all child protective proceedings.
6) Each party should have the right to appeal protective case determinations.
7) Any person identified in a child abuse or neglect report should be protected from unauthorized disclosure of personal information contained in the report.

LESION
Any injury to any part of the body from any cause that results in damage or loss of structure or function of the body tissue involved. A lesion may be caused by poison, infection, dysfunction, or violence, and may be either accidental or intentional.

LIABILITY FOR FAILURE TO REPORT
State statutes which require certain categories of persons to report cases of suspected child abuse and/or neglect are often enforced by the imposition of a penalty, fine and/or imprisonment, for those who fail to report. Recent lawsuits have provided what may become an even more significant penalty for failure to report: when a report should have been made and a child comes to serious harm in a subsequent incident of abuse or neglect, the person who failed to report the initial incident may be held civilly liable to the child for the damages suffered in the subsequent incident. Such damages could amount to many thousands of dollars. (See also MANDATED REPORTERS)

LICENSING PARENTHOOD
Proposed method of assuring adequate parenting skills. Various proposals have been developed, including mandatory parenthood education in high school, with a certificate upon completion. Serious advocates compare the process with certification of driving capability by driver's licenses. Many consider the proposal unworkable.

LOCAL AUTHORITY
Local authority refers to two groups: 1) the social service agency (local agency) designated by the state department of social services (state department) and authorized by state law to be responsible for local child abuse and neglect prevention, identification, and treatment efforts, and 2) the community child protection coordinating council (community council). The standards on local authority, as specified in the National Center on Child Abuse and Neglect *Revision to Federal Standards on the Prevention and Treatment of Child Abuse and Neglect (Draft)*, include:

Administration and Organization
1) The local agency should establish a distinct

child protective services unit with sufficient and qualified staff.

2) The local agency in cooperation with the state department should allocate sufficient funds and provide adequate administrative support to the local unit.
3) The local agency should initiate the establishment of a community council which is to be representative of those persons providing or concerned with child abuse and neglect prevention, identification, and treatment services.

Primary Prevention

4) The local unit and the community council should work together to establish formalized needs assessment and planning processes.

Secondary and Tertiary Prevention

5) The local unit and the community council should work together to develop a comprehensive and coordinated service delivery system for children-at-risk and families-at-risk to be presented in an annual plan.
6) The local unit and the community council should develop standards on the care of children which represent the minimum expectations of the community and provide the basis for the local unit's operational definitions and referral guidelines.
7) The local unit and the community council should establish a multidisciplinary child abuse and neglect case consultation team.
8) The local unit should provide or arrange for services to assist families who request help for themselves in fulfilling their parenting responsibilities.
9) The local unit should ensure that reports of child abuse and neglect can be received on a twenty-four hour, seven days per week basis.
10) The intake services worker should intervene immediately if a report is considered an emergency; otherwise, intervention should take place within seventy-two hours.
11) The intake services worker should ensure the family's right to privacy by making the assessment process time-limited.
12) The treatment services worker should develop an individualized treatment plan for each family and each family member.
13) The treatment services worker should arrange for, coordinate, and monitor services provided to a family.

Resource Enhancement

14) The agency and the community council should assist in the training of the local unit and other community service systems.
15) The agency should promote internal agency coordination.
16) The local unit should implement community education and awareness.
17) The agency should participate in or initiate its own research, review, and evaluation studies.

(See also STATE AUTHORITY)

LONG BONE
General term applied to the bones of the leg or the arm.

LONG TERM TREATMENT
Supportive and therapeutic services over a period of time, usually at least a year, to restore the parent(s) of an abused or neglected child and/or the child himself/herself to adequate levels of functioning and to prevent recurrence of child abuse or neglect.

LUMBAR
Pertaining to the part of the back and sides between the lowest ribs and the pelvis.

MALNUTRITION
Failure to receive adequate nourishment. Often exhibited in a neglected child, malnutrition may be caused by inadequate diet (either lack of food or insufficient amounts of needed vitamins, etc.) or by a disease or other abnormal condition affecting the body's ability to properly process foods taken in.

MALTREATMENT
Actions that are abusive, neglectful, or otherwise threatening to a child's welfare. Frequently used as a general term for child abuse and neglect.

MANDATED AGENCY
Agency designated by state statutes as legally responsible for receiving and investigating reports of suspected child abuse and neglect. Usually, this agency is a county welfare department or a child protective services unit within that department. Police or sheriff's departments may also be mandated agencies. (See also STATE AUTHORITY and LOCAL AUTHORITY)

MANDATED REPORTERS or MANDATORY REPORTERS
Persons designated by state statutes who are legally liable for not reporting suspected cases of child abuse and neglect to the mandated agency. The persons so designated vary according to state law, but they are primarily professionals, such as pediatricians, nurses, school personnel, and social workers, who have fre-

quent contact with children and families.

MARASMUS
A form of protein-calorie malnutrition occurring in infants and children. It is characterized by retarded growth and progressive wasting away of fat and muscle, but it is usually accompanied by the retention of appetite and mental alertness.

MATERNAL CHARACTERISTICS SCALE
Instrument designed to study personality characteristics of rural Appalachian mothers and the level of care they were providing their children. The purpose of this scale is to sharpen caseworkers' perception of "apathetic-futile" or "impulse-ridden" mothers' personality characteristics for evaluation, diagnosis, and formulation of a treatment plan in cases of child neglect. Some authorities believe this scale has not been adequately validated.

MATERNAL-INFANT BONDING (See BONDING)

MEDIAL
Toward the middle or mid-line.

MEDICAID, TITLE 19 (See SOCIAL SECURITY ACT)

MEDICAL MODEL
Conceptualizing problems in terms of diagnosis and treatment of illness. With respect to child abuse and neglect, the medical model assumes an identifiable and therefore treatable cause of the abuse and/or neglect and focuses on identification and treatment in a medical or other health setting. For child abuse and neglect, some advantages of the medical model are financial support by the hospital, clinic, medical community; accessibility of medical services to the abused or neglected child; involvement of the physicians; and visibility and public acceptance. Possible disadvantages are overemphasis on physical abuse; overemphasis on physical diagnosis to the detriment of total treatment; and isolation from other professional and community resources. (Kempe)

MEDICAL NEGLECT (See CHILD ABUSE AND NEGLECT)

MENKES KINKY HAIR SYNDROME
Rare, inherited disease resulting in brittle bones and, eventually, death. It is found in infants and, because of the great number of fractures the child may exhibit, can be mistaken for child abuse.

MENTAL INJURY
Injury to the intellectual or psychological capacity of a child as evidenced by observable and substantial impairment in his/her ability to function within a normal range of performance and behavior, with due regard to his/her culture. The Child Abuse Prevention and Treatment Act and some state statutes include mental injury caused by a parent or caretaker as child abuse or neglect.

MESENTERY
Membrane attaching various organs to the body wall.

METABOLISM
The sum of all physical and chemical processes which maintain the life of an organism.

METAPHYSIS
Wider part of a long bone between the end and the shaft.

MINIMALLY ACCEPTABLE ENVIRONMENT
The emotional climate and physical surroundings necessary for children to grow physically, mentally, socially, and emotionally.

MINOR (See CHILD)

MIRANDA RULE
Legal provision that a confession is inadmissible in any court proceeding if the suspect was not forewarned of his/her right to remain silent before the confession was disclosed. (See also FIFTH AMENDMENT)

MISDEMEANOR
A crime for which the punishment can be no more than imprisonment for a year and/or a fine of $1,000. A misdemeanor is distinguished from a felony, which is more serious, and an infraction, which is less serious.

MODEL CHILD PROTECTION ACT
Guide for development of state legislation concerning child abuse and neglect and intended to enable legislators to provide a comprehensive and workable law which will aid in resolving the problem. A draft *Model Child Protection Act* has been developed and is available from the National Center on Child Abuse and Neglect.

MONDALE ACT (See CHILD ABUSE PREVENTION AND TREATMENT ACT)

MONGOLIAN SPOTS
A type of birthmark that can appear anywhere on a child's body, most frequently on the lower back. These dark spots usually fade by age five. They can be mistaken for bruises.

MORAL NEGLECT (See CHILD ABUSE AND NEGLECT)

MORIBUND
Dying or near death.

MOTHERS ANONYMOUS
Original name of Parents Anonymous. (See PARENTS ANONYMOUS)

MULTIDISCIPLINARY TEAM
A group of professionals and possibly paraprofessionals representing a variety of disciplines who interact and coordinate their efforts to diagnose and treat specific cases of child abuse and neglect. A multidisciplinary group which also addresses the general problem of child abuse and neglect in a given community is usually described as a community team, and it will probably consist of several multidisciplinary teams with different functions (see COMMUNITY TEAM). Multidisciplinary teams may include, but are not limited to, medical, child care, and law enforcement personnel, social workers, psychiatrists and/or psychologists. Their goal is to pool their respective skills in order to formulate accurate diagnoses and to provide comprehensive coordinated treatment with continuity and follow-up for both parent(s) and child or children. Many multidisciplinary teams operate according to the Denver Model (see DENVER MODEL). Multidisciplinary teams may also be referred to as cross-disciplinary teams, interdisciplinary teams, or SCAN teams (see SCAN TEAM). However, the Child Abuse Prevention and Treatment Act uses the term "multidisciplinary team."

NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW)
1425 H St., N.W.
Washington, D.C. 20005
A national organization of professional social workers who are enrolled in or have completed baccalaureate, master's, or doctoral programs in social work education. Members must subscribe to the NASW Code of Ethics, and NASW provides a policy for adjudication of grievances in order to protect members and promote ethical practices.

NATIONAL CENTER FOR CHILD ADVOCACY (NCCA)
P.O. Box 1182
Washington, D.C. 20013
The National Center for Child Advocacy is part of the Children's Bureau of the Administration for Children, Youth and Families within the Office of Human Development Services of HEW. NCCA supports research, demonstration, and training programs and provides technical assistance to state and local agencies with the goal of increasing and improving child welfare services. These services include in-home support to families, such as parent education and homemaker services; foster care, adoption, and child protective services; and institutional care of children. A major project of NCCA is the Child Welfare Resource Information Exchange. (See also CHILD WELFARE RESOURCE INFORMATION EXCHANGE)

NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT
1205 Oneida St.
Denver, Colorado 80220
This center, which is affiliated with the Department of Pediatrics of the University of Colorado Medical School, was established in the fall of 1972 to provide more extensive and up-to-date education, research, and clinical material to professionals working in the area of child abuse and neglect. The center's multidisciplinary staff has provided leadership in formulating the views that child abuse and neglect is symptomatic of troubled family relationships; that treatment must consider the needs of all family members; and that outreach to isolated, non-trusting families and the multidisciplinary approach are necessary. Funded by the State of Colorado, the HEW Administration for Children, Youth and Families, and private foundations, the center's work includes education, consultation and technical assistance, demonstration programs for treatment, program evaluation, and research. This center also serves as the HEW Region VIII Resource Center.

NATIONAL CENTER ON CHILD ABUSE AND NEGLECT (NCCAN)
P.O. Box 1182
Washington, D.C. 20013
Office of the federal government located within the Children's Bureau of the Administration for Children, Youth and Families (formerly the Office of Child Development), which is part of the Office of Human Development Services of HEW. Established in 1974 by the Child Abuse Prevention and Treatment Act, the functions of NCCAN are to:

1) Compile, analyze, and publish an annual summary of recent and current research on child abuse and neglect.
2) Develop and maintain an information clearinghouse on all programs showing promise of success for the prevention, identification, and treatment of child abuse and neglect.
3) Compile and publish training materials for personnel who are engaged or intend to engage in

the prevention, identification, and treatment of child abuse and neglect.

4) Provide technical assistance to public and nonprofit private agencies and organizations to assist them in planning, improving, developing, and carrying out programs and activities relating to the prevention, identification, and treatment of child abuse and neglect.
5) Conduct research into the causes of child abuse and neglect, and into the prevention, identification, and treatment thereof.
6) Make a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity.
7) Award grants to states whose child abuse and neglect legislation complies with federal legislation.

NCCAN is authorized to establish grants and contracts with public and private agencies and organizations to carry out the above activities. Grants and contracts may also be used to establish demonstration programs and projects which, through training, consultation, resource provision, or direct treatment, are designed to prevent, identify, and treat child abuse and neglect. (See also CHILD ABUSE PREVENTION AND TREATMENT ACT and REGIONAL RESOURCE CENTER)

NATIONAL CLEARINGHOUSE ON CHILD NEGLECT AND ABUSE (NCCNA) (See NATIONAL STUDY ON CHILD NEGLECT AND ABUSE REPORTING)

NATIONAL COMMITTEE FOR THE PREVENTION OF CHILD ABUSE

111 E. Wacker Drive
Suite 510
Chicago, Illinois 60601

The National Committee originated in Chicago in 1972 in response to increasing national incidence of deaths due to child abuse. It was formed to help prevent child abuse, which was defined as including non-accidental injury, emotional abuse, neglect, sexual abuse, and exploitation of children, at a time when most programs focused on identification and treatment. The committee's goals are to:

1) Stimulate greater public awareness of the problem.
2) Encourage public involvement in prevention and treatment.
3) Provide a national focal point for advocacy to prevent child abuse.
4) Facilitate communication about programs, policy, and research related to child abuse prevention.
5) Foster greater cooperation between existing and developing resources for child abuse prevention.

Activities of the committee include a national media campaign, publications, conference, research, and the establishment of state chapters of the committee.

NATIONAL REGISTER

Often confused with the National Study on Child Neglect and Abuse Reporting (National Clearinghouse), which compiles statistics on incidence of child abuse and neglect. A national register, which does not exist at this time, would operate in much the same way and with the same purposes as a state-level central register, but would collect reports of abuse and neglect nationwide. Collecting reports on a national scale would be highly problematic because of variance in state reporting laws and definitions of abuse and neglect. (See also CENTRAL REGISTER and NATIONAL STUDY ON CHILD NEGLECT AND ABUSE REPORTING)

NATIONAL STUDY ON CHILD NEGLECT AND ABUSE REPORTING

Formerly the National Clearinghouse on Child Neglect and Abuse, the National Study is funded by the National Center on Child Abuse and Neglect, Children's Bureau, HEW and is being conducted by the Children's Division of the American Humane Association. The study has been established to systematically collect data from official state sources on the nature, incidence, and characteristics of child abuse and neglect. Participating states receive reports generated from their own data on a quarterly basis so that they can monitor their own reporting mechanisms. At this time, about 40 states are submitting detailed incidence data to the study. It is hoped that the National Study will be able to produce accurate data on the national incidence of child abuse and neglect.

NEEDS ASSESSMENT

A formal or informal evaluation of what services are needed by abused and neglected children and their families within a specified geographical area or within another given population.

NEGLECT (See CHILD ABUSE AND NEGLECT)

NEGLECTED CHILD (See INDICATORS OF CHILD ABUSE AND NEGLECT)

NEGLIGENCE
Failure to act. May apply to a parent, as in child neglect, or to a person who by state statute is mandated to report child abuse and neglect but who fails to do so. Negligence lawsuits arising from failure to report are increasing, and any failure to obey the statutes proves negligence. Lawsuits claiming damages for negligence are civil proceedings.

NETWORKING
Formal or informal linkages of individuals, families, or other groups with similar social, education, medical, or other service needs with the public or private agencies, organizations, and/or individuals who can provide such services in their locale. Formal agreements are usually written and spell out under what circumstances a particular agency, group, or individual will provide certain services. Informal agreements are apt to be verbal and relate to a particular family or case.

NURTURANCE
Affectionate care and attention provided by a parent, parent substitute, or caretaker to promote the well-being of a child and encourage healthy emotional and physical development. Nurturance may also be needed by adults with inadequate parenting skills, or who were themselves abused or neglected as children, as a model for developing more positive relationships with their own children and as a way of strengthening their own self-esteem.

OCCIPITAL
Referring to the back of the head.

OMISSION, ACTS OF
Failure of a parent or caretaker to provide for a child's physical and/or emotional well-being. (See also CHILD ABUSE AND NEGLECT)

OSSIFICATION
Formation of bone.

OSTEOGENESIS IMPERFECTA
An inherited condition in which the bones are abnormally brittle and subject to fractures, and which may be mistakenly diagnosed as the result of child abuse.

OUTREACH
The process in which professionals, paraprofessionals, and/or volunteers actively seek to identify cases of family strees and potential or actual child abuse and neglect by making services known, accessible, and unthreatening. Effective outreach providing early intervention is important for the prevention of child abuse and neglect.

PA BUDDY
Term used by Parents Anonymous for a person who functions like a parent aide in relation to a Parents Anonymous member. (See also PARENTS ANONYMOUS and PARENT AIDE)

PARAPROFESSIONAL
Volunteer or agency employee trained to a limited extent in a particular profession. Since paraprofessionals are usually close in age, race, nationality, religion, or lifestyle to the clientele, they often have a greater likelihood of developing a trusting relationship with a client than do some professionals. The role of the paraprofessional in protective service work is usually to provide outreach or nurturance and advocacy for the family, often as a case aide or parent aide. (See also PARENT AIDE)

PARENS PATRIAE
"The power of the sovereign." Refers to the state's power to act for or on behalf of persons who cannot act in their own behalf; such as, minors, incompetents, or some developmentally disabled.

PARENT
Person exercising the function of father and/or mother, including adoptive, foster, custodial, and surrogate parents as well as biological parents.

PARENT AIDE
A paraprofessional, either paid or voluntary, who functions primarily as an advocate and surrogate parent for a family in which child abuse or neglect is suspected or has been confirmed. The Parent Aide particularly serves the mother by providing positive reinforcement, emotional support, and nurturance, and by providing or arranging transportation, babysitting, etc., as necessary. Rather than serving as a homemaker, nutrition aide, or nurse, the parent aide's function is more like a friend to the family. Parent aides may also be referred to as case aides, lay therapists, or visiting friends.

PARENT EFFECTIVENESS TRAINING (PET)
An educational program developed by Dr. Thomas Gordon and presented in his book, *Parent Effectiveness Training* (New York, Peter H. Wyden, Inc., 1970). The program, taught by trained and certified PET instructors, focuses on improving communication between parents and children by teaching listening skills and verbal expression techniques to parents. The PET course has proven useful for parents who are motivated to change, who are able to give it a considerable amount of time, and who can afford the relatively high tuition. For these and other reasons, PET has not proven particularly useful in child abuse and neglect

treatment, especially when used as the only mode of treatment.

PARENTAL STRESS SERVICES
Services aimed at relieving situational and/or psychological parental stress in order to relieve family dysfunction and to prevent parents from venting rage or frustration on their children. Service usually begins via a telephone helpline and may include home visits. Workers are usually trained volunteers or paraprofessionals who focus on providing warmth, nurturance, friendship, and resource referrals to the distressed parent. Some parental stress services promote development and use of Parents Anonymous chapters for their clients. Parental Stress Services may refer to specific programs such as in Chicago, Illinois, or Oakland, California, although there is no organizational linkage between them, or this may be a functional description of services provided within a larger agency program.

PARENTING SKILLS
A parent's competencies in providing physical care, protection, supervision, and psychological nurturance appropriate to a child's age and stage of development. Some parents, particularly those whose own parents demonstrated these skills, have these competencies without formal training, but adequacy of these skills may be improved through instruction.

PARENTS ANONYMOUS
22330 Hawthorne Blvd., #208
Torrance, California 90505
Self-help group for parents who want to stop physical, psychological, sexual, or verbal abuse of their children. Because members do not need to reveal their full names, they feel free to share concerns and provide mutual support. Members are accountable to the group for their behavior toward their children, and the group functions like a family in supporting members' efforts to change. With chapters in every state, over 800 in all, Parents Anonymous has been formally evaluated as an effective method for treating child abuse. Unlike most other self-help groups with anonymous members, Parents Anonymous requires that each chapter have an unpaid professional sponsor who attends all meetings to facilitate discussion, provide a role model, and suggest appropriate community resources for members' problems. The Child Abuse Prevention and Treatment Act provides for funding of self-help groups, and Parents Anonymous is one of the few self-help organizations which has received funding from the federal government.

PARENTS' RIGHTS
Besides the rights protected by the Constitution for all adults, society accords parents the right to custody and supervision of their own children, including, among others, parents' rights to make decisions about their children's health care. This plus parents' rights to privacy may complicate investigations of suspected child abuse and neglect and treatment of confirmed cases. Parents' rights may be cited in court in order to prevent the state from taking custody of a child who is in danger in his/her own home. (See also CHILDREN'S RIGHTS)

PARENTS UNITED
Organization name sometimes used for self-help groups of parents in families in which sexual abuse has occurred. Begun in 1972, Parents United is one component of a model Child Sexual Abuse Treatment Program in Santa Clara County, California. (See also DAUGHTERS UNITED)

PASSIVE ABUSER
Parent or caretaker who does not intervene to prevent abuse by another person in the home.

PATHOGNOMONIC
A sign or symptom specifically distinctive or characteristic of a disease or condition from which a diagnosis may be made.

PERINATAL
Around the time of birth, both immediately before and afterward.

PERIOSTEAL ELEVATION
The ripping or tearing of the surface layer of a bone (periosteum) and the resultant hemorrhage, occuring when a bone is broken.

PERITONITIS
Inflammation of the membrane lining the abdomen (peritoneum); caused by infection.

PERJURY
Intentionally inaccurate testimony. Perjury is usually punishable as a felony, but only if the inaccuracy of the testimony and the witness's knowledge of the inaccuracy can be proven.

PETECHIAE (See INTRADERMAL HEMORRHAGE)

PETITION
Document filed in juvenile or family court at the beginning of a neglect, abuse, and/or delinquency case. The petition states the allegations which, if true, form the basis for court intervention.

PETITIONER
Person who files a petition. In juvenile and family court practice, a petitioner may be a probation officer, social worker, or prosecutor, as variously defined by state laws.

PHYSICAL ABUSE (See CHILD ABUSE AND NEGLECT)

PHYSICAL NEGLECT (See CHILD ABUSE AND NEGLECT)

PLEA BARGAINING
Settlement of a criminal prosecution, usually by the reduction of the charge and/or the penalty, in return for a plea of guilty. Plea bargains are sometimes justified by congested court calendars. They are attacked as devices which weaken the intended effect of penal statutes and which reduce the dignity of the criminal justice system. Far more than half of all criminal prosecutions in this country are resolved by plea bargaining.

POLICE HOLD (See CUSTODY)

POLYPHAGIA
Excessive or voracious eating.

PREDICTION OF CHILD ABUSE AND NEGLECT
There are no evaluation instruments or criteria to predict absolutely that child abuse or neglect will occur in specific families. Recently, experts have developed instruments and methods of evaluating the bonding process at childbirth in order to identify families where because of incomplete or inadequate bonding, it can be expected that without further appropriate intervention, child abuse or neglect may occur. Besides bonding, many other indicators can be used to identify families-at-risk for child abuse and neglect, but these factors are rarely sufficiently conclusive to enable absolute prediction. (See also BONDING and FAMILIES-AT-RISK)

PREPONDERANCE OF EVIDENCE (See EVIDENTIARY STANDARDS)

PRESENTMENT
The notice taken or report made by a grand jury of an offense on the basis of the jury's knowledge and without a bill of indictment. (See also INDICTMENT)

PRE-TRIAL DIVERSION
Decision of the district attorney not to issue charges in a criminal case where those charges would be provable. The decision is usually made on the condition that the defendant agrees to participate in rehabilitative services. In child abuse cases, this usually involves cooperation with child protective services and/or voluntary treatment, such as Parents Anonymous.

PREVENTION OF CHILD ABUSE AND NEGLECT
Elimination of the individual and societal causes of child abuse and neglect.

Primary Prevention
Providing societal and community policies and programs which strengthen all family functioning so that child abuse and neglect is less likely to occur.

Secondary Prevention
Intervention in the early signs of child abuse and neglect for treatment of the presenting problem and to prevent further problems from developing.

Tertiary Prevention
Treatment after child abuse and neglect has been confirmed.

Primary, and to varying degrees secondary and tertiary, prevention requires:

1) Breaking the tendency in the generational cycle wherein the abused or neglected child is likely to become the abusive or neglectful parent.
2) Helping a parent cope with a child who has special problems or special meaning to a parent.
3) Helping families cope with long term and immediate situational or interpersonal stress.
4) Linking families to personal and community sources of help to break their social isolation.
5) Eliminating or alleviating violence in our society, particularly sanctioned violence such as corporal punishment in the schools.

A major problem in preventing child abuse and neglect is the stigma attached to the problem and to receiving services from a county protective service agency. Therefore, prevention programs must include community education and outreach. Another problem is that stress is pervasive in our society, and ways must be found both to reduce it and deal with it if child abuse and neglect is to be prevented. (See also EARLY INTERVENTION)

PRIMA FACIE
A latin term approximately meaning "at first sight," "on the first appearance," or "on the face of it." In law, this term is used in the context of a "prima facie case." That is, the presentation of evidence at a trial which has been sufficiently strong to prove the allegations unless

contradicted and overcome by other evidence. In a child maltreatment case, the allegations of maltreatment will be considered as proven unless the parent presents rebutting evidence.

PRIVILEGED COMMUNICATIONS
Confidential communications which are protected by statutes and need not or cannot be disclosed in court over the objections of the holder of the privilege. Lawyers are almost always able to refuse to disclose what a client has told them in confidence. Priests are similarly covered. Doctors and psychotherapists have generally lesser privileges, and their testimony can be compelled in many cases involving child abuse or neglect. Some social workers are covered by such statutes, but the law and practice vary widely from state to state. (See also CONFIDENTIALITY)

PROBABLE CAUSE
A legal standard used in a number of contexts which indicates a reasonable ground for suspicion or belief in the existence of certain facts. Facts accepted as true after a reasonable inquiry which would induce a prudent and cautious person to believe them. Also—Please note that the definitions on page 28 of EVIDENTIARY STANDARDS are incorrect. A suggested alternative follows:

PROBATE COURT (See COURTS)

PROBATION
Allowing a convicted criminal defendant or a juvenile found to be delinquent to remain at liberty, under a suspended sentence of imprisonment, generally under the supervision of a probation officer and under certain conditions. Violation of a condition is grounds for revocation of the probation. In a case of child abuse or neglect, a parent or caretaker who is convicted of the offense may be required, as part of his/her probation, to make certain promises to undergo treatment and/or to improve the home situation. These promises are made as a condition of the probation in which the child is returned home and are enforced with the threat of revocation of parental rights.

PROGRAM COORDINATION
Interagency of intra-agency communication for policy, program, and resource development for an effective service delivery system in a given locality. Program coordination for child abuse and neglect is usually implemented through a community council or community task force or planning committee under the direction of a program coordinator. The functions of these groups are:

1) Comprehensive planning, including identifying gaps and duplication in service and funding policies.
2) Developing interagency referral policies.
3) Educating members to new and/or effective approaches to child abuse and neglect.
4) Problem sharing.
5) Facilitating resolution of interagency conflicts.
6) Providing a forum where differing professional and agency expertise can be pooled.
7) Generating and lobbying for needed legislation.

(See also COMMUNITY TEAM)

PROTECTIVE CUSTODY (See CUSTODY)

PROTOCOL
A set of rules or guidelines prescribing procedures and responsibilities. Originally used primarily in medical settings, establishment of protocols is an increasingly important goal of the child abuse and neglect community team.

PROXIMAL
Near; closer to any point of reference; opposed to distal.

PSYCHOLOGICAL ABUSE (See CHILD ABUSE AND NEGLECT)

PSYCHOLOGICAL NEGLECT (See CHILD ABUSE AND NEGLECT)

PSYCHOLOGICAL PARENT
Adult who, on a continuing day-to-day basis, fulfills a child's emotional needs for nurturance through interaction, companionship, and mutuality. May be the natural parent or another person who fulfills these functions.

PSYCHOLOGICAL TESTS
Instruments of various types used to measure emotional, intellectual, and personality characteristics. Psychological tests should always be administered and interpretated by qualified personnel. Such tests have been used to determine potential for abuse or neglect, effects of abuse or neglect, or psychological makeup of parent or children.

PSYCHOTIC PARENT
A parent who suffers a major mental disorder where the individual's ability to think, respond emotionally, remember, communicate, interpret reality, or behave appropriately is sufficiently impaired so as to interfere grossly with his/her capacity to meet the ordinary de-

mands of life. The term "psychotic" is neither very precise nor definite. However, the parent who is periodically psychotic or psychotic for extended periods and who abuses his/her children has a poor prognosis; permanent removal of the children is often recommended in this situation. It is estimated that well under 10% of all abusive or neglectful parents are psychotic.

PUBLIC AWARENESS (See COMMUNITY AWARENESS)

PUBLIC DEFENDER
Person paid with public funds to plead the cause of an indigent defendant.

PUBLIC LAW 93-247 (See CHILD ABUSE PREVENTION AND TREATMENT ACT)

PUNISHMENT
Infliction of pain, loss, or suffering on a child because the child has disobeyed or otherwise antagonized a parent or caretaker. Abusive parents may inflect punishment without cause, or may inflict punishment, particularly corporal punishment, in the belief that it is the only way to discipline children. Many parents confuse the difference between discipline and punishment. These differences are delineated under DISCIPLINE. (See also CORPORAL PUNISHMENT)

PURCHASE OF SERVICE
Provision for diagnosis and/or treatment of child abuse and neglect by an agency other than the mandated agency using mandated agency funds. The mandated agency subcontracts with the provider agency for specific services with specific clients, but the mandated agency retains statutory responsibility for the case. (See also CASE MANAGEMENT)

PURPURA (See INTRADERMAL HEMORRHAGE)

RADIOLUCENT
Permitting the passage of X-rays without leaving a shadow on the film. Soft tissues are radiolucent; bones are not.

RAREFACTION
Loss of density. On an X-ray photograph, an area of bone which appears lighter than normal is in a state of rarefaction, indicating a loss of calcium.

RECEIVING HOME
A family or group home for temporary placement of a child pending more permanent plans such as return to his/her own home, foster care, or adoption.

RECIDIVISM
Recurrence of child abuse and neglect. This happens relatively frequently because child protective service agencies heretofore have been mandated and staffed only to investigate and provide crisis intervention and not to provide treatment. Most cases where child abuse or neglect results in a child's death have been previously known to a child protection agency.

REFEREE (See HEARING OFFICER)

REGIONAL RESOURCE CENTER
With respect to child abuse and neglect, a regional resource center was funded as a demonstration project in each of the ten HEW regions under the 1974 Child Abuse Prevention and Treatment Act. These resource centers vary in program emphasis, but they all function to some degree as extensions of the National Center on Child Abuse and Neglect in Washington to help NCCAN fulfill the aims of the Child Abuse Prevention and Treatment Act (see NATIONAL CENTER ON CHILD ABUSE AND NEGLECT and CHILD ABUSE PREVENTION AND TREATMENT ACT). Besides regional centers, there are also state resource centers in Arizona, Maryland, New York, and North Carolina; and two national resource centers, operated by the Education Commission of the States and the National Urban League. The regional resource centers are:

Region I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)
Judge Baker Guidance Center
295 Longwood Ave.
Boston, Massachusetts 02115

Region II (New Jersey, Puerto Rico, Virgin Islands)
College of Human Ecology Cornell University
MVR Hall
Ithaca, New York 14853

Region III (Pennsylvania, Virginia, Delaware, West Virginia, District of Columbia)
Institute for Urban Affairs and Research
Howard University
2900 Van Ness St., N.W.
Washington, D.C. 20008

Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, South Carolina, Tennessee)
Regional Institute of Social Welfare Research
P.O. Box 152
Heritage Building
468 N. Milledge Ave.
Athens, Georgia 30601

Region V (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)
Midwest Parent-Child Welfare Resource Center
Center for Advanced Studies in Human Services
School of Social Welfare
University of Wisconsin-Milwaukee
Milwaukee, Wisconsin 53201
Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
Center for Social Work Research
School of Social Work
University of Texas at Austin
Austin, Texas 78712
Region VII (Iowa, Kansas, Missouri, Nebraska)
Institute of Child Behavior and Development
University of Iowa
Oakdale, Iowa 53219
Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)
National Center for the Prevention and Treatment of Child Abuse and Neglect
University of Colorado Medical Center
1205 Oneida St.
Denver, Colorado 80220
Region IX (California, Hawaii, Nevada, Guam, Trust Territories of the Pacific, American Samoa)
Department of Special Education
California State University
5151 State University Dr.
Los Angeles, California 90033
Region X (Alaska, Idaho, Oregon, Washington)
Northwest Federation for Human Services
157 Yesler Way, #208
Seattle, Washington 98104

REGISTRY (See CENTRAL REGISTER and NATIONAL REGISTER)

REHEARING
After a juvenile court referee or commissioner has heard a case and made an order, some states permit a dissatisfied party to request another hearing before the supervising judge of juvenile court. This second hearing is called a rehearing. If the original hearing was not recorded by a court reporter, the rehearing may have to be granted. If a transcript exists, the judge may read it and either grant or deny the rehearing.

REPARENTING
Usually describes a nurturing process whereby parents who have not received adequate nurturance during their own childhoods are provided with emotional warmth and security through a surrogate parent such as a parent aide. Abusive and neglectful parents are thus given an opportunity to identify with more positive role models.

REPORTING LAWS
State laws which require specified categories of persons, such as professionals involved with children, and allow other persons, to notify public authorities of cases of suspected child abuse and, sometimes, neglect. All 50 states now have reporting statutes, but they differ widely with respect to types of instances which must be reported, persons who must report, time limits for reporting, manner of reporting (written, oral, or both), agencies to which reports must be made, and the degree of immunity conferred upon reporters.

RES IPSA LOQUITOR
Latin expression meaning "the thing speaks for itself." It is a doctrine of law which, when applied to criminal law, means that evidence can be admitted which is acceptable despite the fact that no one actually saw what occurred, only the results. An example in criminal law would be admitting into evidence in a child abuse case the medical reports of the injured child victim which reflect multiple broken bones and the doctor's opinion that said injuries could not have been caused by an accident. The court using the *res ipsa loquitor* doctrine can convict the person having had exclusive custody of the child without any direct testimony as to how, when, where, or why the injuries were inflicted.

RETINA
Inside lining of the eye. Injury to the head can cause bleeding or detachment of the retina, possible causing blindness.

RICKETS
Condition caused by a deficiency of vitamin D, which disturbs the normal development of bones.

ROLE REVERSAL
The process whereby a parent or caretaker seeks nurturance and/or protection from a child rather than providing this for the child, who frequently complies with this reversal. Usually this process develops as a result of unfulfilled needs of the parent or caretaker.

SACRAL AREA
Lower part of the back.

SCAN TEAM
Suspected Child Abuse and Neglect team which has as its objective the assessment of a child and his/her family to determine if abuse and/or neglect has occurred and what treatment is indicated. The team usually includes a pediatrician, a social worker, and a psychiatrist or psychologist, but other professionals are often involved as well. A SCAN team or unit is generally located in a hospital or outpatient facility. (See also

MULTIDISCIPLINARY TEAM and DENVER MODEL)

SCAPEGOATING
Casting blame for a problem on one who is innocent or only partially responsible; for example, a parent or caretaker abusing or neglecting a child as punishment for family problems unrelated to the child.

SCURVY
Condition caused by a deficiency of vitamin C (ascorbic acid) and characterized by weakness, anemia, spongy gums, and other symptoms.

SEALING
In juvenile court or criminal court practice, the closing of records to inspection by all but the defendant or minor involved. Sealing is provided by statute in some states and may be done after proof is made that the defendant or minor has behaved lawfully for a specified period of years. Note that juvenile court records are never public, as are the records of most other courts; access to juvenile court records is theoretically very restricted, even before sealing. (See also EXPUNGEMENT)

SEIZURES
Uncontrollable muscular contractions, usually alternating with muscular relaxation and generally accompanied by unconsciousness. Seizures, which vary in intensity and length of occurrence, are the result of some brain irritation which has been caused by disease, inherited condition, fever, tumor, vitamin deficiency, or injury to the head.

SELF-HELP GROUP
Groups of persons with similar, often stigmatized, problems who share concerns and experiences in an effort to provide mutual help to one another. Usually these groups are self-directed. (See also PARENTS ANONYMOUS)

SELF-INCRIMINATION
The giving of a statement, in court or during an investigation, which subjects the person giving the statement to criminal liability. (See also DUE PROCESS, FIFTH AMENDMENT, IMMUNITY, and MIRANDA RULE)

SENTENCING
The last stage of criminal prosecution in which a convicted defendant is ordered imprisoned, fined, or granted probation. This is equivalent in a criminal case to the disposition in a juvenile court case.

SEQUELAE
After-effects; usually medical events following an injury or disease. In child abuse and neglect, sequelae is used to refer to psychological consequences of abusive acts and also the perpetuation of maltreatment behavior across generations, as well as specific after-effects such as brain damage, speech impairment, and impaired physical and/or psychological growth.

SERVICES
(See EARLY INTERVENTION, EMERGENCY SERVICES, PREVENTION OF CHILD ABUSE AND NEGLECT, SUPPORTIVE SERVICES, TREATMENT OF CHILD ABUSE AND NEGLECT)

SEXUAL ABUSE
In order to encompass all forms of child sexual abuse and exploitation within its mandate, the National Center on Child Abuse and Neglect has adopted the following tentative definition of child sexual abuse:

> contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child. (See also CHILD ABUSE AND NEGLECT)

SEXUAL ASSAULT
Unlawful actions of a sexual nature committed against a person forcibly and against his/her own will. Various degrees of sexual assault are established by state law and are distinguished by the sex of the perpetrator and/or victim, the amount of force used, the amount and type of sexual contact, etc. Sexual abuse is one form of sexual assault wherein the perpetrator is known by the victim and is usually a member of the family. (See also CHILD ABUSE AND NEGLECT)

SEXUAL EXPLOITATION
A term usually used in reference to sexual abuse of children for commercial purposes; such as child prostitution, sexual exhibition, or the production of pornographic materials. (See also CHILD PORNOGRAPHY, CHILD PROSTITUTION)

SEXUAL MISUSE
Alternative term for sexual abuse, but particularly reflects the point of view that sexual encounters with children, if properly handled, need not be as harmful as is usually assumed. Its implication is that children are not necessarily harmed by so-called sexually abusive acts themselves, but rather the abuse results from

damage generated by negative social and cultural reactions to such acts. (See also CHILD MISUSE AND NEGLECT, INCEST, SEXUAL ABUSE)

SEXUALLY TRANSMISSIBLE DISEASE (STD) (See VENEREAL DISEASE)

SIMPLE FRACTURE (See FRACTURE)

SITUATIONAL CHILD ABUSE AND NEGLECT
Refers to cases of child abuse and particularly child neglect where the major causative factors cannot be readily eliminated because they relate to problems over which the parents have little control. (See also APATHY-FUTILITY SYNDROME)

SKELETAL SURVEY
A series of X-rays that studies all bones of the body. Such a survey should be done in all cases of suspected abuse to locate any old, as well as new, fractures which may exist.

SOCIAL ASSESSMENT (See ASSESSMENT)

SOCIAL HISTORY
1) Information compiled by a social worker about factors affecting a family's past and present level of functioning for use in diagnosing child abuse and neglect and developing a treatment plan.
2) Document prepared by a probation officer or social worker for the juvenile or family court hearing officer's consideration at the time of disposition of a case. This report addresses the minor's history and environment. Social histories often contain material which would clearly be inadmissible in most judicial proceedings, either because of hearsay or lack of verification or reliability. The informal use of such reports has often been attacked as in violation of due process rights of minors and parents.

SOCIAL REPORT (See SOCIAL HISTORY)

SOCIAL ISOLATION
The limited interaction and contact of many abusive and/or neglectful parents with relatives, neighbors, friends, or community resources. Social isolation can perpetuate a basic lack of trust which hinders both identification and treatment of child abuse and neglect.

SOCIAL SECURITY ACT
Established in 1935 as a national social insurance program, this federal legislation includes several sections particularly applicable to child and family welfare:

Title IV—Parts A, B, C, D (Aid to Families with Dependent Children, Child Welfare Services, Work Incentive Program, Child Support and Establishment of Paternity)
Part A, now included under Title XX as services for children, was designed to encourage families to care for dependent children in their own or relatives' homes by providing services to families below a specified income level. As a condition of receiving federal funding for this program, states must provide family planning services. Part B authorizes support to states for child welfare services developed in coordination with the AFDC program to supplement or substitute for parental care and supervision. These services include day care, foster care, and other preventive or protective programs promoting child and family welfare. Part C offers job training and placement for AFDC parents in an effort to assist them in becoming self-supporting. Part D enforces the support obligations owed by absent parents to their children by locating absent parents, establishing paternity, and obtaining child support.

Title V—Maternal and Child Health and Applied Children's Services
Provides a broad range of health care services for mothers and children from low-income families in order to reduce maternal and infant mortality and to prevent illness.

Title XIX—Grants to States for Medical Assistance Programs (Medicaid or Title 19)
Designed to help families with dependent children and other low-income persons by providing financial assistance for necessary medical services. This act is additionally designed to provide rehabilitation and other psychotherapy services to help families and individuals retain or regain independence and self-sufficiency.

Title XX—Grants to States for Services
Provides grants to states for developing programs and services designed to achieve the following goals for families and/or children: economic self-support; self-sufficiency; prevention of abuse and neglect; preserving; rehabilitating, reuniting families; referring for institutional care when other services are not appropriate.

Mandated child protective service agency programs are primarily funded through Title IV-B and Title XX of the Social Security Act.

SOCIETAL CHILD ABUSE AND NEGLECT
Failure of society to provide social policies and/or

funding to support the well-being of all families and children or to provide sufficient resources to prevent and treat child abuse and neglect, particularly for minority populations such as migrant workers and Native Americans.

SPECIAL CHILD
A child who is abused or neglected or at risk of abuse or neglect because he/she has a special problem with which the parent(s) have difficulty coping or because the child has some psychologically negative meaning for the parent. Also referred to as "target child." If this child is abused, the cause may be referred to as "victim" precipitated abuse."

SPIRAL FRACTURE (See FRACTURE)

SPOUSE ABUSE
Non-accidental physical or psychological injury inflicted on either husband or wife by his/her marital partner. Some experts conjecture that husbands as well as wives are frequently abused, particularly psychologically, but the subject of husband abuse has not gained public or professional recognition to the extent that battered wives has. Domestic violence is the term used when referring to abuse between adult mates who may not be married. (See also BATTERED WOMEN)

STAFF BURNOUT
Apathy and frustration felt by protective service workers who are overworked, undertrained, and lacking agency or supervisory support. This is a common problem, and workers who do not leave protective services (see STAFF FLIGHT) or who do not have supervisory support often lose sensitivity to client needs. (Also referred to as Worker Burnout)

STAFF FLIGHT
Continous change of child protective services staff due to staff burnout (see STAFF BURNOUT). This creates the need to provide frequent training for new workers. Informed estimates place the overall national turnover rate of protective service workers at 85% annually.

STAFF SATISFACTION
Structuring a supportive and encouraging environment for protective service workers with regular periods when no new cases are assigned, thereby decreasing staff burnout and staff flight. Supervisors and administrators need to develop programs including the following elements: manageable caseloads, in-service training, participation in and responsibility for agency decision-making.

STANDARD OF PROOF (See EVIDENTIARY STANDARDS)

STANDARDS
Guides developed to ensure comprehensiveness and adequacy of programs or services. Issued by relevant agencies, such as the National Center on Child Abuse and Neglect for state and local level programs and the Child Welfare League of America for member agencies, standards have various levels of authority.

STATE AUTHORITY
State authority refers to the state department of social services (state department) and a state child protection coordinating committee (state committee). As designated in state law, these structures are to accept responsibility for child abuse and neglect prevention, identification, and treatment efforts. The standards on state authority, as specified in the National Center on Child Abuse and Neglect *Revision to Federal Standards on the Prevention and Treatment of Child Abuse and Neglect (Draft)*, include:

Administration and Organization

1) The state department should establish child abuse and neglect policies that are consistent with the state law and conducive to state-wide delivery of uniform and coordinated services.
2) The state department should establish a distinct child protection division (state division) to facilitate the implementation of departmental policies.
3) The state department should designate child protective services units (local units) within each regional and/or local social services agency.
4) The state committee, as required by state law, should be representative of those persons and agencies concerned with child abuse and neglect prevention, identification, and treatment.

Primary Prevention

5) The state division and the state committee should work together towards primary prevention of child abuse and neglect through formalized needs assessment and planning processes.

Secondary and Tertiary Prevention

6) The state division and the state committee should jointly develop a comprehensive and coordinated plan for delivery of services to high-risk children and families.
7) The state division should ensure that those persons who have reason to suspect child abuse or neglect can make a report at any time, twenty-four hours a day, seven days a week.

8) The state division should transmit reports to appropriate authority for assessment of the degree of risk to the child.
9) The state division should operate a central registry that facilitates state and local planning.
10) The state division's operation of the central registry should ensure that children and families' rights to prompt and effective services are protected.

Resource Enhancement

11) The state division should develop and provide public and professional education.
12) The state division should ensure that training is provided to all divisional, regional, and local staff.
13) The state division should conduct and/or sponsor research, demonstration, and evaluation projects.

(See also LOCAL AUTHORITY)

STATUS OFFENSE
An act which is considered criminal only because it is committed by a person of a particular status, such as a minor. If an adult did the same thing, it would not be an offense. For example, a minor staying out after curfew.

STIPULATION
A statement, either oral or written, between lawyers on both sides of a particular court case which establishes certain facts about the case that are agreed upon by both sides. The facts delineated usually involve such issues as the addresses of the persons involved in the case, their relationships to one another, etc.

STRESS FACTORS
Environmental and/or psychological pressures over a prolonged period which are associated with child abuse and neglect or which, without being prolonged, may be the precipitant event. While a certain amount of stress can be useful in motivating people to change, it is generally agreed that there is an overload of stress in our present society, perhaps because people feel decreasingly in control of the forces affecting their lives. Prevention of child abuse and neglect requires both reducing stress in society and helping people cope with it. Environmental stress which may influence child abuse and neglect includes, but is not limited to, unemployment, poverty, poor and overcrowded housing, competition for success, and "keeping up with the Joneses." Psychological stress besides that caused by environmental factors which may influence child abuse and neglect could include such problems as marital discord, in-law problems, unwanted pregnancy, role confusion resulting from the Women's Movement, and unresolved psychodynamic conflicts from childhood.

SUBDURAL HEMATOMA
A common symptom of abused children, consisting of a collection of blood beneath the outermost membrane covering the brain and spinal cord. The hematoma may be caused by a blow to the head or from shaking a baby or small child. (See also WHIPLASH-SHAKEN INFANT SYNDROME)

SUBPOENA
A document issued by a court clerk, usually delivered by a process server or police officer to the person subpoenaed, requiring that person to appear at a certain court at a certain day and time to give testimony in a specified case. Failure to obey a subpoena is punishable as contempt of court.

SUBPOENA DUCES TECUM
A subpoena requiring the person subpoenaed to bring specified records to court.

SUDDEN INFANT DEATH SYNDROME (SIDS)
A condition which can be confused with child abuse, SIDS affects infants from two weeks to two years old, but usually occurs in a child less than six months of age. In SIDS, a child who has been healthy except for a minor respiratory infection is found dead, often with bloody frothy material in his/her mouth. The cause of SIDS is not fully understood. The confusion with child abuse results from the bloody sputum and occasional facial bruises that accompany the syndrome. However, SIDS parents rarely display the guarded or defensive behavior that many abusive parents do.

SUMMONS
A document issued by a court clerk, usually delivered by a process server or police officer to the person summoned, notifying that person of the filing of a lawsuit against him/her and notifying that person of the deadline for answering the suit. A summons does not require the attendance at court of any person.

SUPERVISION
1) Provision of age-appropriate protection and guidance for a child by a parent or caretaker. This is a parental responsibility, but in some cases of child abuse and neglect or for other reasons, the state may have to assume responsibility for supervision. (See also CHILD IN NEED OF SUPERVISION)
2) Process in social work practice whereby workers review cases with supervisors to assure case progress, to sharpen the workers' knowledge and skill, and to assure maintenance of agency policies

and procedures. Unlike many practitioners in law and medicine, social workers do not generally practice independently or make totally independent judgments. In general, social work supervisors hold Master's degrees, but in some local public agencies these supervisors may be just out of graduate school and have little experience. Since good supervision is a critical factor in reducing the problem of staff burnout and staff flight, it is important for child protective service agencies to provide training and continuing education opportunities for supervisors.

SUPPORTIVE SERVICES
Supportive services are a wide range of human services which provide assistance to families or individuals so that they are more nearly able to fulfill their potential for positive growth and behavior. The concept implies that individuals have basic strengths which need to be recognized, encouraged, and aided. Thus, a wide range of financial, educational, vocational, child care, counseling, recreational, and other services might be seen as supportive if they do indeed emphasize the strengths of people and de-emphasize their occasional needs for help in overcoming destructive and debilitating factors which may affect their lives.

SURROGATE PARENT
A person other than a biological parent who, living within or outside the target home, provides nurturance. This person may be self-selected or assigned to fulfill parental functions. A surrogate parent may nurture children or abusive or neglectful parents who were themselves abused as children and therefore are in need of a nurturing parental model. (See also PARENT AIDE)

SUSPECTED CHILD ABUSE AND NEGLECT
Reason to believe that child abuse or neglect has or is occurring in a given family. Anyone can in good faith report this to the local mandated agency, which will investigate and protect the child as necessary. However, all states have statutes which provide that members of certain professions must report and that failure to do so is punishable by fine or imprisonment. For specific criteria for suspecting child abuse or neglect, see INDICATORS OF CHILD ABUSE AND NEGLECT and FAMILIES-AT-RISK.

SUTURE
1) A type of immovable joint in which the connecting surfaces of the bones are closely united, as in the skull.
2) The stitches made by a physician that close a wound.

SYPHILIS (See VENEREAL DISEASE)

TARGET CHILD (See SPECIAL CHILD)

TEMPORAL
Referring to the side of the head.

TEMPORARY CUSTODY (See CUSTODY)

TEMPORARY PLACEMENT
Voluntary or involuntary short term removal of a child from his/her own home, primarily when a child's safety or well-being is threatened or endangered, or when a family crisis can be averted by such action. Temporary placement may be in a relative's home, receiving home or shelter, foster home, or institution. Temporary placement should be considered only if service to the child and family within the home, such as use of a homemaker or day care, is determined to be insufficient to protect or provide for the child or if it is unavailable. If the home situation does not improve while the child is in temporary placement, long term placement may be warranted. However, authorities agree that too many temporary placements unnecessarily become permanent placements. (See also CUSTODY)

TERMINATION OF PARENTAL RIGHTS (TPR)
A legal proceeding freeing a child from his/her parents' claims so that the child can be adopted by others without the parents' written consent. The legal bases for termination differ from state to state, but most statutes include abandonment as a ground for TPR. (See also ABANDONMENT)

TESTIMONY
A declaration or statement made to establish a fact, especially one made under oath in court.

THREATENED HARM
Substantial risk of harm to a child, including physical or mental injury, sexual assault, neglect of physical and/or educational needs, inadequate supervision, or abandonment.

TITLE IV (See SOCIAL SECURITY ACT)

TITLE V (See SOCIAL SECURITY ACT)

TITLE XIX (TITLE 19, MEDICAID) (See SOCIAL SECURITY ACT)

TITLE XX (See SOCIAL SECURITY ACT)

TORUS FRACTURE (See FRACTURE)

TRABECULA
A general term for a supporting or anchoring strand of tissue.

TRAUMA
An internal or external injury or wound brought about by an outside force. Usually trauma means injury by violence, but it may also apply to the wound caused by any surgical procedure. Trauma may be caused accidentally or, as in a case of physical abuse, non-accidentally. Trauma is also a term applied to psychological discomfort or symptoms resulting from an emotional shock or painful experience.

TRAUMA X
Designation used by some hospitals for a child abuse and neglect program.

TREATMENT FOSTER CARE
Foster care for children with diagnosed emotional and/or behavioral problems in which foster parents with special training and experience become part of a treatment team working with a particular child. Treatment foster care may be indicated for abused or severely neglected children.

TREATMENT OF CHILD ABUSE AND NEGLECT
1) Helping parents or caretakers stop child abuse and neglect and assisting them and their children to function adequately as a family unit. 2) Providing temporary placement and services as necessary for abused or neglected children until their parents can assume their parental responsibilities without threat to the children's welfare. 3) Terminating parental rights and placing the children in an adoptive home if the parents abandon the children or absolutely cannot be helped. Experts believe that 80% to 85% of abusive and neglectful parents can be helped to function without threat to their children's welfare and, more often than not, without temporary placement of the children if sufficient supportive services are available.

Treatment for child abuse and neglect should include treatment for the abused and neglected children as well as for the parents.

Treatment for child abuse and neglect includes both crisis intervention and long term treatment. The mandated agency may provide services directly or by purchase of service from other agencies. Since a multiplicity of services is often necessary, a case management approach to treatment is usually most effective (see CASE MANAGEMENT). Because mandated agencies necessarily focus on investigation of suspected cases and crisis intervention, long term treatment is best assured through use of a community team (see COMMUNITY TEAM).

Both crisis intervention and long term treatment will usually require a mix of supportive and therapeutic services. Supportive services could include homemakers, day care, foster grandparents, parent education, health care, family planning, recreational activities, housing assistance, transportation, legal services, employment training and placement, financial counseling and assistance. Therapeutic services could include psychotherapy, casework, lay therapy from parent aides, group therapy, family or couple therapy, and self-help such as Parents Anonymous.

TURGOR
Condition of being swollen and congested. This can refer to normal or other fullness.

TWENTY-FOUR HOUR EMERGENCY SERVICES
Local services available at all times to receive reports and make immediate investigations of suspected cases of child abuse and severe neglect and to perform crisis intervention if necessary. The mode of providing twenty-four hour emergency services varies in different localities. However, often mandated agency protective service workers are on call for specific evening and weekend assignments. Often the after-hours number rings the police or sheriff's department which then contacts the assigned worker. (See also COMPREHENSIVE EMERGENCY SERVICES)

UNFOUNDED REPORT
Any report of suspected child abuse or neglect made to the mandated agency for which it is determined that there is no probable cause to believe that abuse or neglect has occurred. Mandated agencies may or may not remove unfounded reports from their records after a period of time. (See also EXPUNGEMENT)

VASCULAR
Of the blood vessels.

VENEREAL DISEASE
Any disease transmitted by sexual contact. The two most common forms of venereal disease are gonorrhea and syphilis. Presence of a venereal disease in a child may indicate that the mother was infected with the disease during the pregnancy, or it may be evidence of sexual abuse.

VERBAL ABUSE (See CHILD ABUSE AND NEGLECT)

VERIFICATION OF CHILD ABUSE AND NEGLECT
Substantiation of child abuse or neglect following investigation of suspected cases by mandated agency workers and/or assessment by a diagnostic team. Also referred to as a founded report.

VICTIM-PRECIPITATED ABUSE (See SPECIAL CHILD)

VISITING FRIEND (See PARENT AIDE)

VITAL SIGNS
Signs manifesting life, such as respiratory rate, heartbeat, pulse, blood pressure, and eye responses.

VOIR DIRE
1) Procedure during which lawyers question prospective jurors to determine their biases, if any.
2) Procedure in which lawyers question expert witnesses regarding their qualifications before the experts are permitted to give opinion testimony.

VOLUNTARY PLACEMENT
Act of a parent in which custody of his/her child is relinquished without a formal court proceeding. Sometimes called voluntary relinquishment.

VOLUNTEER ROLES
1) Extension and enrichment of direct services to families by unpaid, screened, trained, and supervised persons who generally lack professional training. Common roles are parent aides, child care workers, outreach workers, or staff for helplines. 2) Development and advocacy of child abuse and neglect programs by unpaid persons through participation on community councils, agency boards, or community committees. Scarce resources in relation to the magnitude of the problem of child abuse and neglect demands that volunteers be used increasingly.

WANTON
Extremely reckless or malicious. Often used in court proceedings in conjunction with "willful" to establish certain kinds of unlawful behavior only vaguely distinguished from careless but lawful conduct.

WARRANT
Document issued by a judge, authorizing the arrest or detention of a person or the search of a place and seizure of specified items in that place. Although a judge need not hold a hearing before issuing a warrant and although the party to be arrested or whose property will be seized need not be notified, the judge must still be given "reasonable cause to believe" that a crime has occurred and that the warrant is necessary in the apprehension and conviction of the criminal.

WHIPLASH-SHAKEN INFANT SYNDROME
Injury to an infant or child that results from that child having been shaken, usually as a misguided means of discipline. The most common symptoms, which can be inflicted by seemingly harmless shakings, are bleeding and/or detached retinas and other bleeding inside the head. Repeated instances of shaking and resultant injuries may eventually cause mental and developmental disabilities. (See also SUBDURAL HEMATOMA)

WILLFUL
Done with understanding of the act and the intention that the act and its natural consequences should occur. Some conduct becomes unlawful or negligent only when it is done willfully.

WITNESS
1) A person who has seen or heard something.
2) A person who is called upon to testify in a court hearing.

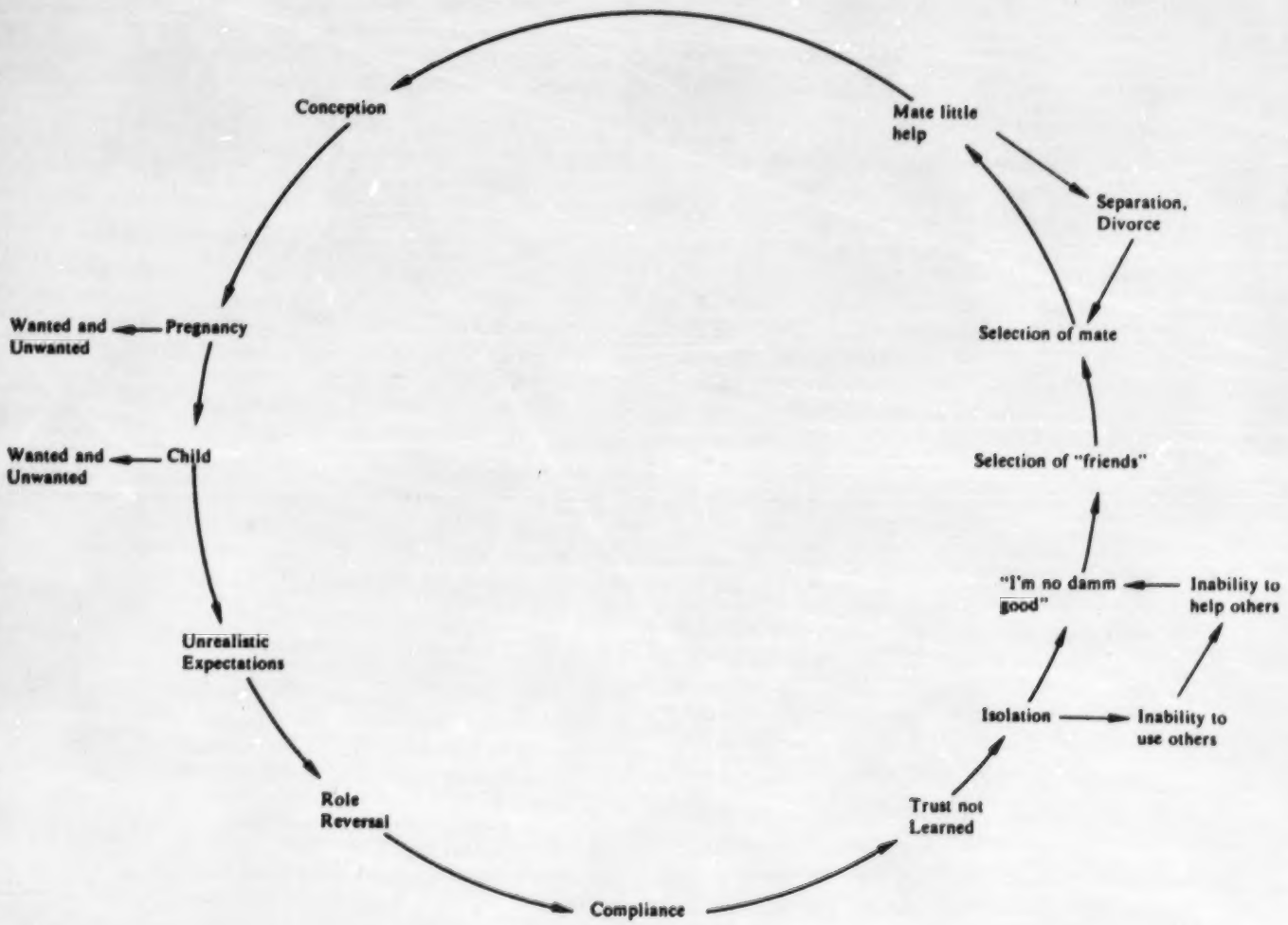
WORKER BURNOUT (See Staff Burnout)

WORK-UP
Study of a patient, often in a hospital, in order to provide information for diagnosis. A full work-up includes past medical and family histories, present condition and symptoms, laboratory, and, possibly, X-ray studies.

WORLD OF ABNORMAL REARING (WAR)
A generational cycle of development in which abused or neglected children tend to grow up to be abusive or neglectful parents unless intervention occurs to break the cycle. The diagram which follows outlines the WAR cycle. (Helfer)

X-RAYS
Photographs made by means of X-rays. X-rays are one of the most important tools available to physicians in the diagnosis of physical child abuse or battering. With X-rays, or radiologic examinations, physicians can observe not only the current bone injuries of a child, but also any past injuries that may exist in various stages of healing. This historical information contributes significantly to the assessment of a suspected case of child abuse. Radiologic examination is also essential to distinguish organic diseases that may cause bone breakage from physical child abuse.

WAR CYCLE



Helfer, 1975, p. 27

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Acronyms

AAP	American Academy of Pediatrics
ACSW	Academy of Certified Social Workers
ACYF	Administration for Children, Youth and Families (formerly Office of Child Development), U.S. Department of Health, Education and Welfare
ADC	Aid to Dependent Children (Title IV-A of the Social Security Act) (also referred to as AFDC)
AF	Alleged Father
AFDC	Aid to Families with Dependent Children (Title IV-A of the Social Security Act) (also referred to as ADC)
AHA	American Humane Association
AMA	Against Medical Advice; American Medical Association
APA	American Psychiatric Association; American Psychological Association
APWA	American Public Welfare Association
CALM	Child Abuse Listening Mediation
CAN	Child Abuse and Neglect
CAP	Community Action Program
CDAHA	Children's Division of the American Humane Association
CDF	Children's Defense Fund
CES	Comprehensive Emergency Services
CHIPS	Child in Need of Protection and Supervision
CLL	Childhood Level of Living Scale
CNS	Central Nervous System
CPS	Child Protective Services
CWLA	Child Welfare League of America
DART	Detection, Admission, Reporting, and Treatment (multidisciplinary team)
DD	Developmental Disability
DHEW	U.S. Department of Health, Education and Welfare (also referred to as HEW)
DPW	Department of Public Welfare
DSS	Department of Social Services
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ER	Emergency Room
FTT	Failure to Thrive
GAL	*Guardian ad litem*
HEW	U.S. Department of Health, Education and Welfare (also referred to as DHEW)
IP	Identified Patient
LD	Learning Disability
MINS	Minor in Need of Supervision
NASW	National Association of Social Workers
NCCA	National Center for Child Advocacy
NCCAN	National Center on Child Abuse and Neglect
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
OCD	Office of Child Development (now Adminstration for Children, Youth and Families), U.S. Department of Health, Education and Welfare
OHD	Office of Human Development (now

	Office of Human Development Services), U.S. Department of Health, Education and Welfare
OHDS	Office of Human Development Services (formerly Office of Human Development), U.S. Department of Health, Education and Welfare
PA	Parents Anonymous
PET	Parent Effectiveness Training
PINS	Person in Need of Supervision
PL 93-247	Child Abuse Prevention and Treatment Act
SCAN	Suspected Child Abuse and Neglect
SIDS	Sudden Infant Death Syndrome
STD	Sexually Transmissible Disease
TPR	Termination of Parental Rights
UM	Unmarried Mother
VD	Venereal Disease
WAR	World of Abnormal Rearing
WIN	Work Incentive Program

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